Tnp3

A.C.S. REC BY: Taufik REF: CS3/ASM-22011721/~~Tnp3~~

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / I/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $61K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS TNP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLK5836Y Yr Regn: 2017 Jan

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Chevrolet Orlando c.c 1362

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 288703 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1YA7589HK698364

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : A/W / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maxtrek.

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	22/11/22 @ 550pm

Survey held at YK Supreme

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Repair Range: $6000 - $7000, 07 days.

Date/Time, File Pass to? 1) _____ : Preli. Report

Date/Time, File Return to? 2) _____ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp ($ _____) : Interview ($ _____) : Tech. Invs ($ _____) : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS SI

Photos _____

Others _____

Report Format : _____

Lump Sum / I.B.I. : _____