

ASS. REC. BY:

REF:

FCI / 22012683 / Kay m4

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1:81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S11B 9926P Yr Regn: 08, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota c.c. 1798

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

Sp. Reading: 194673 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU 903091430

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Wanli 195/65R15

R: Pailun

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

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 17/12/22

Survey held at _____

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 20/12/2022

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 May have B1

11/1 280.00 Cash (Ref @ 8295.90, 97%)

Date/Time, File Pass to?

: Prell. Report

1) 13/1 Wasa

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 1

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S + RS. St

Fuel

Others

TOTAL

350

350

Report Format: TP

Lump Sum / I.B.I: (\$ 280)