

ASS. REC. BY: NA

REF:

NS/INC22012745/Nnc

INC

CHIANG L/S

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. MT/1204757-001

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: X X X

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 18012 Yr Regn: 6 DEC 2018

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

Truck / Trailer or

Make: BLUE PRINS c.c. 1798

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

Sp. Reading 632,029 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU 903 077625

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65 R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WESTLAKE

Front Rear

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. 7 mm L/Bal. 3 mm

D.O.A. 19/12/2022 D.O.I. 19/12/2022

Survey held at CDGE LOYANG

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

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

INC 6/3

Date / Time Action / Instruction

We will be advising our Principal a cost of repair of Lump S \$900.00 with 2 days of repair, subject to their approval.

(red, \$912.13, 50%)

Date/Time, File Pass to?

1) 11/01/2023

Date/Time, File Return to?

2)

Report Format : tp

Lump Sum / I.B.I: (\$ 900)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL