(96)

ASS. REC. BY: NKZ

REF: NS/ INC 22012749/Nvc

JH LLS

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: SJC 8339L

Policy No. _____

Claims No. MT/1205060-001

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: SH 7830 H Yr Regn: 23 JUN 2016

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

Make: HYUNDA 140 c.c 1685

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

Sp.Reading ~~759,771~~ 759,771 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMG4091480

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/60 R16

R: "

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	5 mm
L/Bal.	3 mm	L/Bal.	~~4~~ 5 mm
D.O.A.	16/12/2022	D.O.I.	19/12/2022

Survey held at COLE LOYANG.

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

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

INC LLS

Date / Time	Action / Instruction
9/1/23	Naz informed LS $1700 (Red 2766.70, 61%)

Date/Time, File Pass to? 1) _____ Date/Time, File Return to? 2) 12/1/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 1700)

Survey Fee: _____

Transportation: _____

__S + RS__SI

Photos _____

Others _____

TOTAL _____