

RECEIVED: T. J. M.

REF:

CT.1

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop this _____

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: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seat _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB261H Yr Regn: 2021, Dec

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

Truck / Trailer or

Make: MG MG5 EV C.O. 120KW

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

Sp. Reading: 11676 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LSJE24036M-G058191

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: 205/60R16

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

TOYO / YOKO, or

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm

D.O.A. _____ D.O.I. 19/1/23

Survey held at BURKT WL

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

Frt + N/S

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prelim. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.R. (F)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS: \$ _____

Phone: _____

Other: _____