

ASS. REF: UBI Tawfik

REF: CS/INC23000956/7ups

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspected 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.

Bal. or Market Value: 21000
IDAC Accident Report _____ 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 WP
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SMV8739E Yr Regn: 2020 Oct
Type: M / Car / M / Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Myundai Avante C.C. 1591
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 38718 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KM4LN41ET M4065835
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Good / Jammed / Leaked / Burnt or _____
Brake: Good / Jammed / Leaked / Burnt or _____
Modi: N14S/Rim / STD A/Rim or _____
Tyre Size: F: 205/55R16
R: 1 - - -
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 31/1/23 0515pm
Survey held at Convergence Auto
Des. of Damages Frt / Rear / O/S / N/S / WC / Rooftop or Frt O/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Report Format: _____

Lump Sum / L.B.L. / _____