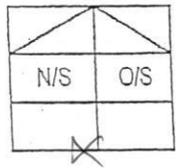ASS. REC. BY: Taufik   REF: CS·3/HSB23002269/TP P3

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. _____

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: $100K.

IDAC Accident Rport: ___ Consistent? : Yes or No

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

Est. Repairs: 8 days   Res.: Yes or No

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

CA / REV / REP. / 24 HRS   PRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YQ3301B   Yr Regn: 2020, Dec.

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

Make: Mitsubishi Canter FEB21 c.c 2998

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

Sp.Reading: 94419   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB21EA35117 *

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: 195/85 R15
R: ～～ (D)

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6/6	mm
L/Bal.	6	mm	L/Bal.	6/6	mm
D.O.A.			D.O.I.	03/03/23 @ 5pm	
Survey held at	AAK. Logistic.				

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

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

Date / Time	Action / Instruction
	Repair Range: $8000 – $9000, 8days.

Date/Time, File Pass to? [ ] : Preli. Report

1) _____ [ ] : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.L: (_____)

Add Fee: [ ] : Site Insp ($ _____)
[ ] : Interview ($ _____)
[ ] : Tech. Invs ($ _____)
[ ] : Weekend ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____
Transportation: _____
___ S + R.S. ___ SI
Photos
Others

TOTAL