

ASS. REF: UBI 1400/14

REF:

CS/SPF 23002694/Tuy 3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp. at 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: _____

\$55K

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLK 5878B

Yr Regn: 2017, Jan

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

Truck / Trailer or

Make: Honda Vezel

C.C. 1496

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 60550

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R411205883

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N14S / Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: 215/60R16

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

TOYO / YOKO or

Fire 439

Front

Rear

R/Bal. 6 mm

mm

R/Bal. 6 mm

mm

L/Bal. 6 mm

mm

L/Bal. 6 mm

mm

D.O.A. _____

D.O.I. 24/3/2301030

Survey held at Compass Queen

5498839

Des. of Damages Front / Rear / O/S / N/S / WC / Rooftop or

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

Date/Time Action/Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: _____

Lump Sum / I.B.L. /