ASS. REC. BY: Taufikh   REF: AIS.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____
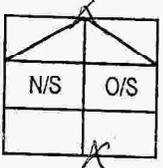
at Workshop m/s _____

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.

Bal. or Market Value: $52K.

IDAC Accident Rport: _____ 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: _____

Veh No: SLL 3615B.   Yr Regn: 2017, Feb.

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

Make: Mazda 3   c.c 1496.

Colour Grey.   A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: JM 6BN22A8H DT 41402

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: Tourador.

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	16/6/23

Survey held at   Tan Lim Motor

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

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

N/S | O/S

Date / Time	Action / Instruction	By Hwy weak.

Vehicle: IN / OUT

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

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation:
__S + RS___SI

Photos

Others

Report Format : _____

Lump Sum / LRI: ($ _____)