ASS. REC. BY: Taufik | REF: CS8 | ASM 2200656 | Fre.Tvp3-1

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: SMV 6871T

Policy No. P2409453

Claims No. S2M043XG

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: $50K

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

PRS

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: JSN 1170 Yr Regn: 2017

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

Make: Perodua Bezza. c.c 1329.

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

Sp.Reading 64478 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MM2B30150038290

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/50R15

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 10/6/2022 D.O.I. 15/6/2210220.

Survey held at Garage B

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 : $12000 - $14,000, 14days.
6/7/22	Submit PRS, repair range $12,000-$14,000
6/7/23	Submit LS $14,250 (Red 1750,10%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 6/7/23-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 15

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	