ASS. REC. BY: Taufik | REF: CSS/111 23004814/ Twy 3

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
	(X)

Bal. or Market Value: 8420

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

WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLS2743Z Yr Regn: 2016, March

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

Make: Mazda 3 c.c 1496

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

Sp.Reading 72346 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BM42V8G0335193

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: 215/45R18

R: 〃

(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.	11/5/23

Survey held at King's Auto

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Rear, U/C

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: _____

Add Fee: [ ] : Site Insp ($ _____)

[ ] : Interview ($ _____)

[ ] : Tech. Invs ($ _____)

[ ] : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	