

ASS. REC. BY: **Steve**REF: **CS/FCI24060298/Eqh3****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. \_\_\_\_\_

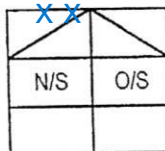
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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: **SKX3647H** Yr Regn: \_\_\_\_\_Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: **Toyota Camry** C.C. **1998**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **126847** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **MR053DK5100104797**Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **215/60R16**

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **23/06/2024** D.O.I. **28/06/24**Survey held at **INDECO ENGINEERS**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           |
|-------------|--------------------------------|
|             | <b>Cannot check PARF value</b> |
|             |                                |
|             |                                |
|             |                                |
|             |                                |
|             |                                |
|             |                                |
|             |                                |
|             |                                |
|             |                                |

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.I. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI

Photos

Others

TOTAL