

ASS. REC. BY:

REF: C111Henneth

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 959PSYr Regn: 03, 19

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

Truck / Trailer or

Make: Toy Prius

C.G

1798Colour: M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading: 776887

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: JTOKB3FU503079484Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / Rim or

Tyre Size: F: _____

R: _____

195/65R15

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

TOYO / YOKO or

Wanli

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 5/5/24D.O.I. 22/7/2024

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

O/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

) \$ - RS. \$ _____

) Fuel \$ _____

) Others \$ _____

TOTAL

Report Format :

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