

ASSIGNMENT

27/09/2023

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

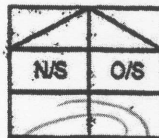
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

DAC Accident Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repair: _____

9 days

Res: Yes or No

Lump Sum: _____

7/12 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 8481 G Yr Regn: 28/09/2023

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

Truck / Trailer or

Make: Toyota PriusCC: 1797Colour: BlueA/C: Insured / Std / NI / NASp. Reading: N/AT/Radio: Insured / Std / NI / NAEng No: 22R2X01862G/No: 5TDAE3AU-403001451Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orType Size: F: 195/60 R17

R: _____

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

TOYO / YOKO or

Yokohama

Front

Rear

R/Bal: 6 mmR/Bal: 6 mmL/Bal: 6 mmL/Bal: 6 mmD.O.A. 25/07/2024D.O.J. 29/07/2024Survey held at: 9/10/2023WYK

Des. of Damages: Fnt / Rear / O/S / N/S / W/C / Rooftop or

Rear

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

Date / Time Action / Instruction

UOI SOK 8220 C

04/11/24

Phone PIP 13,738.91 with 9 days of repair

(Red. @ 24288.51, 63%)

Date/Time, File Pass to?



Prel. Report

Final Report

Days Of Repair: 9

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S+RS \$

Photos

Other

TOTAL

28x25=700

240+700+90

60

80+80

127

1347

Report Format: _____

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

630 080
6/11/24