

ASSIGNMENT

From: _____ Date: _____

Estn: 2100

OD / TP RES / CD RES / EVA / INV / MV

To In Vehicle No: _____

at W/O 2100 m/s

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: 5mv2780Z Yr Regn: 2020 / Sept.

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

Truck / Trailer or

Make: Toyota Prius C/D: 1798

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

Sp. Reading: 130269 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDZS3EU X0J060411

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: 205/60R16

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

TOYO / YOKO or Falken

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 26/07/24

Survey held at

First Automobile

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

Front o/s

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

Date / Time Action / Instruction

TPAIG

COE Expiry

Estimate given during: Yes ☒

1st Survey: No ☐

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee:

Transportation:

\$ + R.S. \$ _____

Photos

Others

Report Format: _____

1. 2024/07/24