

Signature

Tanji

REF:

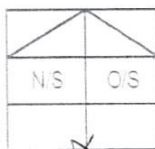
TH

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

Date / Time Action / Instruction

Veh No: SHB 808 G Vr Page: 2014 May
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius DO: 1798
 Colour: Maroon A.O. Insured / Std / NI / NA
 Sp. Reading: 73421 T. Radio: Insured / Std / NI / NA
 Eng No: _____
 C.No: JTDKN364X05742057
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: 195/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Fallen
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 23/1/18 D.O.I. 24/1/18 @ 223pm
 Survey held at SMKT
 Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

SHC22157 TP - TH
 TAX 01/18/2140

Date/Time File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp. / \$

☐ Interview / \$

☐ Tech. Adv. / \$

☐ Witness / \$

Report Format :

Lump Sum / I.B.I. / \$

