

REF:

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time Action / Instruction

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

Report Format :

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

☐ : Preli. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation.

) \$ + RS. \$

) Photos

) Others

TOTAL

Veh No.

SHB 1019K

Yr Regn:

1/11/2017

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

Truck / Trailer or

Make:

Toyota Prius 4

c.c. 1798

Colour

Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

53410

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK133E4303573178

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size:

F: 195/65R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU4 PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

3/5/18

D.O.I.

7/5/18

Survey held at

SMART

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

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

TAX/05/18/2016

LKK

TH

SHC 83625