



10/11/13

REF:

Surveyor:

ASSIGNMENT

COE June 2025

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: 9 days Res.: Yes or No

Lum Sum: 7/7 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHA 1369E Yr Regn: 2017 June

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798

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

Sp. Reading: 125951 T/Radio: Insured / Std / NI / NA

Eng/No: 22R3048322

C/No: 5TDKB3FU203558767

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 13/05/2018 D.O.I. 16/05/2018

Survey held at Churni AMIC

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

N/S Front 7 N/S Body 7 N/S Rear

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

Date / Time

Action / Instruction

Lompac 854 1537L

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

Add Fee: Site Insp (\$ )

Interview (\$ )

Tech. Invs (\$ )

Weekend (\$ )