Survey | REF: 14066K/DJ63

# ASSIGNMENT

COE Aug 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)

| N/S | O/S |
|---|---|
| | |

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SH 8141G Yr Regn: 2017 Aug

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 127227 T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR8057316

C/No: JTDKB3FU503561856

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: — " —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 5 mm |
| L/Bal. | 5 mm | L/Bal. | 5 mm |

D.O.A. 30/07/2018 D.O.I. 01/08/2018

Survey held at Chunni AMK

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

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

| Date / Time | Action / Instruction |
|---|---|
| | III SHC 8412G |

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:

Add Fee: ☐ : Site Insp ($ ) ___S + RS___SI

☐ : Interview ($ ) Photos

☐ : Tech. Invs ($ ) Others

☐ : Weekend ($ )

Report Format :

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

TOTAL