

(08/11/13) wef

ASS REC. BY: Morcas

REF:

111/
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ WS / TP RES / OD RES / EVA / INV / MVTo inspect Vehicle No: SH1525Dat Workshop m/s Car hub

of _____

Insured: SMID 45824

Policy No. _____

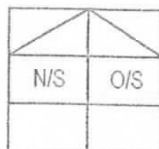
Claims No. _____

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: 5 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH1525D Yr Regn: 4.15Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CA1Make: Toyota prius c.c. 1798Colour: yellow / black A/C: Insured / Std / Nil / NASp. Reading: 535897 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKN36U001931386Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ 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

Neuton

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 13/8/18D.O.I. 14/8/18

Survey held at _____

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

R/R O/S

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

Date / Time Action / Instruction

No security hand ports Repairer went up15/8/18 confirmed final fy \$4607.42 with MR byr

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S ~ RS \$I

Photos

Others

TOTAL

Report Format: _____

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