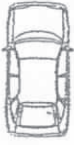


Surveyor: Nav DOI: ASSIGNMENT 1518/18 Date / Time: 15/8/18

Pre-assign / CCU / FTE

GBE 26266

Registered in Merimen: -



Insured Vehicle No. : Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :SS D.O.A: 14/8/2018 Place of Accident :
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SIB 738 A



INSRS: WSP: Smart.com Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Table with columns: Date/ Time, STAGE, DATE / PIC. Rows include: PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT. Includes fields for repair cost, liability, and settlement details.

REF: 108

Surveyor: Naz

REF: CTI

TAX/08/18/2058

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SAB 738 A Yr Regn: 1 APR 2016

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

Truck / Trailer or _____

Make: TOYOTA PRIMA HYBRID C.C. 1,798

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

Sp. Reading: 278,929 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN36U205767714

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 / R/im or

Tyre Size: F: 195 / 65 R15

R: 11

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

TOYO / YOKO or FALKEN (F) GY CR

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 5 mm

L/Bal. 6 mm L/Bal. 5 mm

D.O.A. 14/8/18 D.O.I. 15/8/18

Survey held at SMART WOODLANDS

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

FRONT O/S - OF FRONT

The UIC / Chassis frame / Body Structure affected due to collision.

CTI PIP

Date / Time	Action / Instruction

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 (\$ _____) \$ + RS \$ _____

: Interview (\$ _____) Photos

: Tech. Invs (\$ _____) Others

: Weekend (\$ _____)

TOTAL

Report Format : _____

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