

REF: NA2

REF: ALG

TAX/08/18/2109

5369 K

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 2 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: SHD 6111 H Yr Regn: 23 OCT 2011

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

Truck / Trailer or

Make: TOYOTA PRU C.C. 1798

Colour BROWN A/C: Insured / Std / Nil

Sp. Reading 250,869 T/Radio: Insured / Std / Nil

Eng/No: _____

C/No: ITDKN36U805766471

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 / 65 R15

R: 11

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

TOYO / YOKO or ROADSTON E

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 29/8/18

Survey held at SMART WOODLAND

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

REAR O/S, O/C REAR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) Photos

) Others

Report Format :

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

TOTAL

ALG P/P