

ASS. REQ. BY: Sun Pin

REF:

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.

X	X	X	X
N/S	O/S		
X	X	X	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SLF2450X Yr Regn: 1Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Toyota Sienta c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 103320 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NSP170-7014961Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 185/60 R15R: 185/60 R15

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

TOYO / YOKO or Firenz

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 14/02/2020 D.O.I. 17/02/2020Survey held at Auto JuyuhDes. of Damages: Fr / Rear / O/S / NIS / UIC / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to? ☐ : Prel. Report1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Formed: _____

Lump Sum / L.B.I. % _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, \$ _____

Phone _____

Others _____

TOTAL