

ASSIGNED BY

GL.  
PRS

REF:

CS3/LPC 20005171/64f3

ASSIGNMENT

From

Date:

Estimated Cost

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

Toh Motor

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 Rport:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4 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

SME 86574

yr Regn. 19 Oct 2018

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

Truck / Trailer or

Make:

Toyota Prius

C.C. 1738

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

166650

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDZSZEU10J034568

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:

205/60 R16

R:

4

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

13-04-20

Survey held at

W/S

3pm

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

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

Date / Time

Action / Instruction

\$ 2000 - \$ 4000

Date/Time, File Pass to?

: Preli. Report  
 : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

Add Fee:

Site Insp (\$

Interview (\$

Tech. Inve (\$

S + RS. SI

Photos

Other:

Report Format: