

ASS. REC. BY:

REF:

CC4/ALG20007178/DKa3

ASSIGNMENT

COR Dec 2026

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. _____

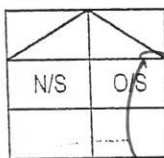
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or NoLum Sum: P/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD7295 D Yr Regn: Dec 2018Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 229671 T/Radio: Insured / Std / NI / NAEng/No: 2ZR2B82333C/No: 5TDKB3FU103077540Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil (S/Rim) / STD A/Rim orTyre Size: F: 195/65 R15R: — 11 —

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 08/07/2020 D.O.I. 13/07/2020Survey held at Bijrost Sin Ming

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

O/S Body 7 O/S Rear

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

Date / Time Action / Instruction

AIG SGT 5133T

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: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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

Add Fee:



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Invs (\$ _____)



: Weekend (\$ _____)