ASS. REC. BY: Tanfuh REF: CT1

# 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)

| N/S | O/S |
|---|---|
| | |

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: Lim TS

Vehicle: IN / OUT

Veh No: SHD7213R Yr Regn: 2016, NOL

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

Make: Toyota Prius c.c 1798

Colour Blue, A/C: Insured / Std / NI / NA

Sp.Reading 487307 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU9035 57723.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: 2 4.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Dawanti

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |
| D.O.A. | | D.O.I. | 14/9/20 |

Survey held at Comfortelgro Loyang

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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____ )

☐ : Interview ($ _____ )

Survey Fee:

Transportation:

___S + RS___SI

Photos