

ASSIGNMENT

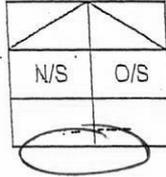
COE June 2025

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: _____

Veh No: SHA 1369E Yr Regn: June 2017
 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: 432329 T/Radio: Insured / Std / NI / NA
 Eng/No: 2ZR3048322
 C/No: 5TDK B3FU203558767
 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

(Policy Condition)

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: 14 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front 5 mm Rear 5 mm
 R/Bal. 5 mm L/Bal. 5 mm
 L/Bal. 5 mm
 D.O.A. 10/09/2020 D.O.A. 15/09/2020
 Survey held at Batfrost SIM Ming
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>III GRK 44S</u>
	<u>Request BV from w/ship</u>

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

Days Of Repair: _____

Date/Time, File Return to?

Resurvey No. of Trip: _____

1)

Add Fee: : Site Insp (\$)

Survey Fee:

Report Format: _____

: Interview (\$)

Transportation:

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

: Tech. Invs (\$)

S+RS \$1

: Weekend (\$)

Photos

Others

TOTAL