

ASSIGNMENT

From

Date

Estimated Cost:

QD / 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:

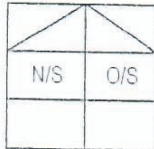
Excess:

(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:

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:

5MD9417Y

Regd:

2018 Sept.

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

Truck / Trailer or

Make:

Toyota Prius.

C.C. 1797

Colour

Grey.

A/C:

Insured / Std / NI / NA

Sp. Reading

23012

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZVW506140674

Gen. Cond: Good Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil KS/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

195/65R15

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

TOYO / YOKO or

Falken.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

11/4/20

Survey held at

AP

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

Front n/s, u/c

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

Date / Time

Action / Instruction

TP Chirn

LUMP SUM \$4100, 5DAYS

MV:

RED:5759.92;58%)

PV:

Nett:

Date/Time, File Pass to?

19/3/2021



Prel. Report



Final Report

Date/Time, File Return to?

3)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

3 + PS 31

Phone:

Other:

D. 3.1

Audit Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Meal and

Report Format:

Lump Sum / H.R.: