

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLQ35354
Choo motor

at Workshop m/s

of

Insured:

GRB72874

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:

68k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR. Seen:

Consistent? : Yes or No

Est. Repairs:

4
20

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

11L

6263

Vehicle: IN / OUT

Date:

Person Contacted:

LYA # 34664

Veh No:

SLQ35354

Yr Regn:

05/07/17

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

Truck / Trailer or

Make:

Toyota C-HR Hybrid c.c 1797

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

75-724

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

24X102009174

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:

R:

245-140ZR20

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

TOYO / YOKO or

ZP Allen

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

1/5/21

D.O.I.

3/5/21

Survey held at

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

O/S Rear & O/S Body.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

11/5/21 4/5 @ 5000 conf. with Alan

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:

Add Fee:

☐

Site Insp (\$

) __ \$ + RS, __ \$

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

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

TOTAL