

ASS. REC. BY:

REF.

ECICS

Ju PIP

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)

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

N/S	O/S
LMS	RMS

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 2 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: SHA 7568H Yr Regn: 7 JAN 2019

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

Truck / Trailer or _____

Make: TOYOTA PRIMS HYBRID (C.C.) 1798Colour: BLU2 A/C: Insured / Std / NISp. Reading: 374016 T/Radio: Insured / Std / NI

Eng/No: _____

C/No: ITDKB3Fu403.77869

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modi: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or

WESTACE

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 13/7/2021D.O.I. 15/7/2021

Survey held at

COGE LOYANG

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

FRONT

OFFSIDE

NEARSIDE

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

ECICS PIP

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

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

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Invs

(\$

☐

: Weekend

(\$