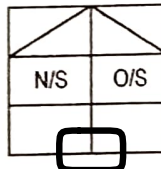


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / VS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SHD 6321T
 at Workshop m/s _____
 of _____
 Insured: SJL 2441R
 Policy No. _____
 Claims No. MT/1139476- 002
 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: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD6321T Yr Regn: 05 Oct/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRIUS c.c 1798
 Colour: MAROON A/C: Insured / Std / NI / NA
 Sp. Reading: 353515 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKN36U405766094 *
 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: 195/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or SAILUN

Front	Rear
R/Bal. 5 mm	R/Bal. 5 mm
L/Bal. 5 mm	L/Bal. 5 mm
D.O.A. _____	D.O.I. 02-08-2021
Survey held at	W/S 11:15

 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

Confirmed L/S \$1100, 2 repair days.
 (RED \$1745.68; 61%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 29/10 TYPIST

☐ : Final Report

Date/Time, File Return to?

2)

Report Filed: TP

Long Cond / Fee: \$1100

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : A/Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Other:

TOTAL