

ASS. REC. BY: NA2

REF.

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.

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 4868L Yr Regn: 30 MAY 2017

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

Truck / Trailer or _____

Make: TOYOTA PRIMS HYBRID (c.c) 1,798

Colour: BLUE A/C: (Insured) / Std / NI

Sp. Reading: 626,008 T/Radio: (Insured) / Std / NI

Eng/No: _____

C/No: JTDKB3FUX03559320

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / (SIRim) / (STD) / Rrim or

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or DAVANTI

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 6

L/Bal. 5 mm L/Bal. 6

D.O.A. 23/9/2021 D.O.I. 23/9/2021

Survey held at COGE LOYANG

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

FRONT OFFSIDE NEAR SIDE

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format : _____

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