

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.

X	X	X
N/S	O/S	
LMS	RMS	
X	X	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 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: SH 7686H Yr Regn: 26 July 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID (C.C) 1,798Colour: BLUE A/C: Insured / Std / NISp. Reading: 610,106 T/Radio: Insured / Std / NI

Eng/No: _____

C/No: JTDKB3FU203560681Gen. Cond: Good / Fair / (Poor) / BurntSteering: (Inorder) / Jammed / Leaked / Burnt orBrake: (Inorder) / Jammed / Leaked / Burnt orModi: Nil / S/Rim / (STD) / Rim orTyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or

WESTLAK

Front

Rear

R/Bal. 5 mmR/Bal. 5L/Bal. 5 mmL/Bal. 5D.O.A. 219/2021D.O.I. 2319/2021Survey held at EDGE LOYANGDes. of Damages: FR / Rear / O/S / N/S / UNDERMILLAGE / U/C / Rooftop or

FRONT

OFFSIDE

NEARSIDE

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

TOTAL