

ASS. REC. BY:

REF:

TII / 21010865/Kg

C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

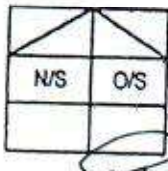
Excess: _____

(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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

1 1/2 days

Res.: Yes or No

Lum Sum: _____

1.91 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

Pmn 62534 Yr Regn: 08, 19

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

Truck / Trailer or _____

Make: _____

Toy Pro

c.c

1798

Colour _____

M.P. White / Red

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

127648

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTOKB31FU903083702

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rlm or

Tyre Size: _____

F: _____

195/65R15

R: _____

BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. _____

S

mm

Rear

R/Bal. _____

S

mm

L/Bal. _____

S

mm

L/Bal. _____

S

mm

D.O.A. _____

16/10/21

D.O.I. _____

25/10/2021

Survey held at _____

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

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

9/11 81072.23 Contd

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: _____

Add Fee: _____



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Fixing

Others

Report Format :

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

TOTAL