

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ OD / ☐ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____
 at Workshop m/s TAN LIM MOTOR

of _____
 Insured: _____

Policy No: _____
 Claims No: 2022 22003986FR

Sum Insured: _____ Excess: 600
 (Client's Record)

Make of Veh: _____

(Policy Condition)

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

☒	N/S	O/S

Bal. or Market Value: \$81k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMD585D Yr Regn: 30 JUL 2018
 Type ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: TOYOTA PRIUS c.c 1798

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDZS3EU70J030203 *

Gen. Cond ☒ Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: ☒ Nil / Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: //

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

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

D.O.I. 21-02-2022

Survey held at OFFICE 3PM

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

22/02/22@2.41pm revert to AIS by email. (THE VEHICLE REPAIR ON PART BY PART BASIS DUE TO NO 2ND HAND PARTS AVAILABLE)

22/02/22@3.36pm Rosli informed C/A on P/P basis & ex:\$600 by email.

22/02/22@3.40pm Informed William C/A on P/P basis & ex:\$600 by email.

Guo Qiang finalised final fig \$2902.80, 4 days. (Red \$2805.50, 49%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 12/05 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : A/Sel end (\$

3 + RS. SI

Photos

Other:

TOTAL

Report Final: OD

2902.80