

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/Fci 22004761/Uty3

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:

1

days

Res.: Yes or No

Lum Sum:

1-B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Dep 10:00

only one door mirror to owner want plp

24/5/22 informed David P/LP \$1024.35

RED: 2358.30;69%

Veh No:

GP3873K

Yr Regn:

24/02/17

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

Truck / Trailer or

CM/

Make:

Toyota hiace

c.c

2982

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp.Reading

128887

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFHT02P 400213206

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-R15

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.

19/05/22

D.O.I.

23/05/22

Survey held at

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, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

1

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

130

Transportation:

50

) S + RS, SI

50

) Photos

26

) Others

Report Format :

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

TOTAL

256