

(DB/11/13) wef

ASS. REC. BY:

REF:

CC4/ASM 22005652/Dgc³

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.:

Yes or No

Lump Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PZ 8C

Yr Regn:

Sept / 2018

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

Truck / Trailer or

Make:

Toyota Hiace Commuter 2754

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

156654

T/Radio:

Insured / Std / NI / NA

Eng/No:

1KD2809943

C/No:

JTFST22P800037021

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 715c

R:

— 11 —

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

TOYO / YOKO or

Bridgestone

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

10/06/2022

D.O.I.

15/06/2022

Survey held at

Team Auto Pro Ser Ming

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

Rear 0/8

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

Date / Time

Action / Instruction

AXA SFC 6333M

MV 85K

LIA 16.2K

HL 68.8K

08/07/2022 from 1/5 4,100/- with 5 days free

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS, SI

) Photos

) Others

TOTAL