

(08/12/20)

ASS. REC. BY: Ther van

REF:

CS3/INC22007131/00y3

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: YQ 4578M

Policy No. _____

Claims No. MT/1181459-001

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMN3560C Yr Regn: 2019Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: toyota prius c.c. 1798Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 110072 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD253EU205038631Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

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

TOYO / YOKO or interhalFront R/Bal. 7 mmL/Bal. 7 mmD.O.A. 22/7/22Survey held at ProviDes. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

rr: 3h-4h
No GIA provided

24/8/22 Submit PRS

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 24/8/22-typist

Report Format :

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

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL