

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: PC 6527Cat Workshop m/s SC AUTOof SL Seroko RDInsured: CTI

Policy No.

Claims No.

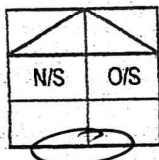
Sum Insured:

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:

78K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6

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:

PC 6527CYr Regn: 2017 10CTType: M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA HIACE com 3-06LA c.c 2982

Colour:

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

13996

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KDH 223 0033815

Gen. Cond: Good / Fair / Poor / Burnt

Steering: (Order) / Jammed / Leaked / Burnt orBrake: (Order) / Jammed / Leaked / Burnt orModi: (Nil) / S/Rim / STD A/Rim or

Tyre Size:

F:

195R15C

R:

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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

03/08/22

D.O.I.

11/08/22

Survey held at

SC AUTODes. 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

REPAIR LIMIT - 60K

Rasul finalise lump sum: \$9997.03 and 6 days

(red. 10090.17, 50%)

Date/Time, File Pass to?



: Preli. Report

1) 25/11/22



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$

) : S + RS, SI



: Interview (\$

) : Photos



: Tech. Invs (\$

) : Others



: Weekend (\$

)

Report Format :

Lump Sum / I.B.I.: (\$ 9997.03 )

TOTAL