

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s MY CAR CONSULTANT

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: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SNE5218P Yr Regn: 23 Mar/2022

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

Truck / Trailer or

Make: TOYOTA COROLLA ALTIS HYBRID c.c 1798

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

Sp. Reading: 38556 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR2BZ3BE600008895 *

Gen. Cond: ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/R or

Tyre Size: F: 225/45R17

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. 23-08-2022

Survey held at W/S 3PM

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

O/S FRONT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Filed:

Long Code/MPR:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other:

TOTAL