

ASS. REC. BY:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

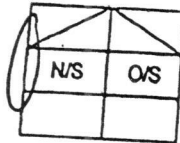
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

26 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

28 Submit LS \$4700; 4 days (Red 8202.28, 6370)

Veh No:

SHD 163 Y

Yr Regn:

06, 19

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

Truck / Trailer or

Make:

Toyota Prius

C.C

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

433167

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31F4503081655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: Warrli

195/65R15

R: Sailun

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

Front

R/Bal.

3

mm

Rear

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

18/11/22

D.O.I.

18/11/2022

Survey held at

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

N/S body

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

sta/Time, File Pass to?



: Prell. Report



: Final Report

to/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trlp:

Survey Fee:

Transportation

S + RS. SI

P. x

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

port Format:

TP

tp @m / I.B.I: (\$

\$4700