

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: SLK 5653HPolicy No. MN000207Claims No. M2206866

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

X	X
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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: SHC 8090B Yr Regn: 29 MAY 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: TOYOTA PRIUS HYBRID c.c. 1,798Colour: BLUE A/C: Insured Std / NI / NASp. Reading: 516,095 T/Radio: Insured Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU803080919Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD / Rim orTyre Size: F: 195/65R15R: 11

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 2/12/2022 D.O.I. 5/12/2022Survey held at CDGE LOYANGTDes. of Damages (Frt) / Rear / O/S / (NIS) / U/C / Rooftop or

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

Date / Time Action / Instruction

15/12/22 Naz informed LS \$2700 (Red 2237.20, 45%)

Date/Time, File Pass to?

☐ : Prell. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 15/12/22-typist

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Report Format : Merimen

Lump Sum / I.B.I. (\$ 2700)