

ASS. REC. BY:

NA2

REF:

INC

LIM PIP

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: _____

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: 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: SHA 7770P Yr Regn: 28 JUL 2022Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: TOYOTA PRIN HYBRID c.c. 1,798Colour: BLUE A/C: (Insured) Std / NI / NASp. Reading: 36,911 T/Radio: (Insured) Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU003096807Gen. Cond: Good / Fair / Poor / BurntSteering: (Inorder) Jammed / Leaked / Burnt orBrake: (Inorder) Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15R: 11BS (DUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 3 mm R/Bal. 6 mmL/Bal. 3 mm L/Bal. 6 mmD.O.A. 7/12/2022 D.O.I. 8/12/2022Survey held at COGE LOYANGDes. of Damages (Frt) Rear / O/S / N/S / U/C / Rooftop orO/S FRT

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

Date / Time

Action / Instruction

DNL PIP

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL