

(08/11/20) Ref
ASS. R. EC 301 /

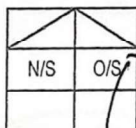
REF:

ASSIGNMENT

From: _____ Date: _____
Estimate No: _____
OD / TP / RES / OD RES / EVA / INV / MV
To Insp. Vehicle No: _____
at Workshop: _____
of _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Vehicle: _____

(Policy Condition)

Remarks: 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: 5 days Res.: Yes or No
Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 9525 Yr Regn: 1/12/2020
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Rins SDR HB c.c. 1797

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

Sp. Reading: 245785 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5TDKB3FU903-091797

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or

TOURING

Front

Rear

R/Bal. 5 mm

R/Bal. 4 mm

L/Bal. 5 mm

L/Bal. 4 mm

D.O.A. 9/12/2022

D.O.I. 10/12/2022

Survey held at

Strides

Des. 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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)