

(98117)

ASS. REC. BY:

NA 2

REF:

CT1

LUM LIS

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SH 67484 Yr Regn: 29 MAY 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: TOYOTA PRINS HYBRID C.C. 1,798Colour: BLUE A/C: (Insured) Std / NI / NASp. Reading: 489,384 T/Radio: (Insured) Std / NI / NA

Eng/No: _____

C/No: STD KB 3F4803080760Gen. Cond: Good / (Fair) / Poor / BurntSteering: (Inorder) Jammed / Leaked / Burnt orBrake: (Inorder) Jammed / Leaked / Burnt orModl: Nil / S/Rim / (STD) A/Rim orTyre Size: F: 195/65 R15R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or YOKO (F) WESTLAKE (R)

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 5/12/2022 D.O.I. 6/12/2022Survey held at COGE LOYANGDes. of Damages (Frt) / Rear / O/S / N/S / U/C / Rooftop orOS FR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

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:

S + RS: \$ _____

Photos

Others

TOTAL

CT 45