

06/11/21

ASS. REC. BY: NA2

REF: FNC

JU 4/1

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.

X	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 1 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 9034 Yr Regn: 14 JAN 2020

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

Truck / Trailer or _____

Make: TOYOTA PRINS HYBRID c.c. 1,798

Colour: YELLOW A/C: (Insured) Std / NI / NA

Sp. Reading: 456,712 T/Radio: (Insured) Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU303090452

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or _____

Brake: (Inorder) / Jammed / Leaked / Burnt or _____

Mod: Nil / S/Rim / (STD) / Rim or _____

Tyre Size: F: 195/65R15

R: 11

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

TOYO / YOKO or WESTLAKE

Front: _____ Rear: _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 12/12/2022 D.O.I. 12/12/2022

Survey held at COLLE COMPANY

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

N/S minor

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

LNC L/S

Date / Time	Action / Instruction
16/12/2022	FINALISE L/S \$1,000.00 @ 01 DAYS (RED \$1,537.98/ 61%)

Date/Time, File Pass to? : Preli. Report
 : Final Report

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:	_____
Photos	_____
Others	_____
TOTAL	_____