

ASS. REC BY: T. J. M.

REF:

ALG

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: _____

Veh No: SMB5991B Yr Regn: 2020 Dec
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius C.C. 1798
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 15631 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTPKB3FY 203091799
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / SP / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: ~ 7
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO DT Falken
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.L. 4/1/23
 Survey held at SMART WL
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Rear.

N/S	O/S

Remark: 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: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date/Time	Action/Instruction

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format : _____
 Lump Sum / I.B.A. (?) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS. \$ _____
 Photos _____
 Others _____