

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	X
N/S	O/S
X	X

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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 2208E Yr Regn: 29 JUN 2017

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

Truck / Trailer or _____

Make: TOYOTA PRIUS HYBRID G4 c.c. 1798Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 67,163 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU003561005Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modl: Nil / S/Rim / STD / R/Rim or _____Tyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or WESTLAKE

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 28/12/2022 D.O.I. 29/12/2022Survey held at CDGE LOYANGDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFLT N/S

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

CTI L/S

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: _____

Add Fee: ☐ : Site Insp (\$ _____) S + RS _____☐ : Interview (\$ _____) Photos _____☐ : Tech. Invs (\$ _____) Others _____☐ : Weekend (\$ _____) TOTAL _____

Report Format : _____

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