

CS/CTI23000942/Aqp3

ASS. FILED BY:

REF:

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 9 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Sms3+86H Yr Regn: 2020 Feb

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

Truck / Trailer or

Make: Toyota Altis c.c. 1598

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

Sp. Reading: 33471 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2BE3BE100008086

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: 225/45R17

R: 225/45R17

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 3/01/23

Survey held at N51

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

TP claim

LS \$9800, 9 days (Red \$6948.10, 41%)

MV:

PV:

Nett:

Date/Time, File Pass to?



: Preli. Report

Days Of Repair: 9

1) 04/07 Typist



: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$

Survey Fee:

Transportation:

_____ S + RS. _____ SI

Photos

Others

Report Format:

MER-TP