

ASS. REC-BY: Taujan

REF: CS3/LPC22011254/Tgy3-1

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / VS / 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: 957K
IDAC Accident Report _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lump Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS PRS
Date: _____ Person Contacted: Ezel
Vehicle: IN / OUT

Veh No: GRH1591M
Type: M.Car / M.Cycle / Bus / Van / Truck / Trailer or
Make: Toyota Hiace C.C. 2982
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 119053 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KDM 2015029547
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: (NI) S/Rim / STD A/Rim or
Tyre Size: F: 195/165
R: 27
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /
TOYO / YOKO or Greenlander
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 9/11/22 @ 4pm
Survey held at Efficient Motor
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rt O/S
The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time	Action / Instruction
<u>17/04/23</u>	<u>submit prs</u>
<u>22/03/23</u>	<u>submit lump sum :\$3200 and 4 days</u>
	<u>(red, \$1100, 26%)</u>

Date/Time, File Pass to? ☐ : Preli. Report
1) 17/04/23 ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 4
Resurvey No. of Trip: +

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	

Report Format: prs
Lump Sum / 100 %