

ASS. REC. BY:

REF:

CTZ/13001273/KP

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: 03 days Res.: Yes or NoLum Sum: 1.1B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D 9853 E Yr Regn: 12, 20

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

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour M-P. White/Pur A/C: Insured / Std / NI / NASp. Reading 206023 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J7DKB3FU703093242Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Wanli

Front

Rear

R/Bal. 8 mmR/Bal. 4 mmL/Bal. 8 mmL/Bal. 4 mmD.O.A. 26/1/23D.O.I. 27/1/2023

Survey held at _____

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

O/S Rear

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

Date / Time

Action / Instruction

1 / GIA not ready2 / 81611-68 Cab

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS. \$

Fees

Others

Report Format :

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

TOTAL