

ASS. R=4.01. Tauph

REF: CC4/HSB2300/285/Tp93.

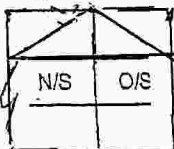
ASSIGNMENT

From: _____ Date: _____
Estimate Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Insp ext Vehicle No: _____
at Work shop 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.

Bal. or Market Value: 4185K
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ 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: SUE57594 Yr Regn: 2022 March
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Noah C.C. 1797
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 100357 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ZWR800522379
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Good / Jammed / Leaked / Burnt or
Brake: Good / Jammed / Leaked / Burnt or
Modi: Nil / Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Kingza
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 8/2/23
Survey held at Mj Car Wash/Repair
Des. of Damages Fit / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.S. ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL