ASS'T: Shg

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD LTP / LWS / LTP RES / LOD RES / LEVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: Allianz

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 Rport: _____ Consistent ? : Yes or No

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

Est. Repairs: 3 days Rest: Yes or No

Lum Sum: 20 % 3 Veh: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 3897S Yr Regn: 19/02/2020

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Prius cc 1798

Colour Blue A/C: Insured / Std / Nil / NA

Sp.Reading 257429 T/Radio: Insured / Std / Nil / NA

Eng No: -

C/No: JTDKB3FUX07049113

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or _____

Brake: Inoper / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim, or _____

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
U/Bal.	5 mm	U/Bal.	5 mm
D.O.A.	3/3/23	D.O.I.	6/3/23 4pm

Survey held at Comfort

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
	L/S = 1950

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Profl. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

S + RS: _____ SI

Photos _____

Others _____

TOTAL _____