

ASS. REC. BY:

REF: C721 23 0031971kp

Kenneth

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:

11:30am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

PNG 4711C

Yr Regn:

08, 22

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

Truck / Trailer or

Make:

Toy Prius

C.C

1798

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

79835

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDPS3EU30J008544

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/80R16

R:

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

TOYO / YOKO or

Pailun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

P

mm

D.O.A.

25/3/23

D.O.I.

28/3/2023

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Add Fee:

: Site Insp (\$

: Interview (\$

Tech Invs (\$

Weekend (\$

Transportation:

S - RS. SI

P. Ins

Others

TOTAL

Report Format:

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