

ASS. REC. BY: Tajh

REF:

CTI
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: _____

(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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Mr Lake Vehicle: IN / OUTVeh No: SNC 2353H Yr Regn: 2019 / Dec.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius Hybrid c.c. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 274239 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5TDKBSF4003090067

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nit / 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

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 24/3/23Survey held at Comfort LodgeDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Minor

The U/C / 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.B. / ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL