

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: SNB 1724Lat Workshop m/s ARCof TOYOTA HILUX 2.0Insured: EQI

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: 101K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNB 1724L Yr Regn: 2021 / AugType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA VIOS SEDAN A c.c. 1496Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 14135 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B23F3501229671Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15R: 2

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 03/04/23Survey held at ARC

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

O/S R/L

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

Date / Time Action / Instruction

REPAIR LIMIT - 51K18/7/2023 4.30pm Spoken to Razali, liability not clear. Vehicle already repaired under own Damage Claim.2/8/2023 Submit preli report. (Revised fig \$2955.30)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS \$ _____

Photos

Others

TOTAL

Report Format: TPLump Sum (I.B.I.): (\$ \$2955.30)