

ASS. REC. BY:

NA2

REC.

INC

LURE L/S

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD 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: 2 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: SHC 2086D Yr Regn: 20 DEC 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA PRIMO HYSCID c.c. 1,798Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 504,745 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3Fu303096404Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rim / (STD) / Rim orTyre Size: F: 195/65R15R: 11

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 5 mmL/Bal. 7 mm L/Bal. 5 mmD.O.A. 4/6/2023 D.O.I. 5/6/2023

Survey held at _____

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

FRt O/S

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

INC L/S

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS \$☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____) TOTAL

Survey Fee:

Transportation:

Photos

Others

TOTAL