

ASS. REC. BY:

REF:

TII / 23006764/Kp

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:

(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:

1.13.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLU 409114 Yr Regn: 11, 17

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

Truck / Trailer or

Make:

Toyota Harrier C.C. 1988

Colour:

MD Black A/C: Insured / Std / NI / NA

Sp. Reading

84254 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTEKB 3614 CCJ000988

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inopder / Jammed / Leaked / Burnt or

Brake: Inopder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F: 235/55R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

22/6/23

D.O.I.

6/7/2023

Survey held at

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

Mea N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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

TOTAL