

ASS. REC. BY:

REF:

C121

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:

0/11 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:

SHD 9853E

Yr Regn:

12. 20

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

Truck / Trailer or

Make:

Toy Prius

C.C

1798

Colour

M.P. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading

259618

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKCB3FU703093242

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / 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

Wanli

Front

Rear

R/Bal.

7

mm

R/Bal.

9

mm

L/Bal.

7

mm

L/Bal.

9

mm

D.O.A.

14/7/23

D.O.I.

18/7/2023

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prell. Report

1)

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fm - As

Others

Add Fee:

: Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

TOTAL

Report Format:

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