REF: CS/INC24080236/Anh3 (SLT 7102X)

ASSIGNMENT

From: _____ Date: _____

Estm Cost: _____

OD / TPFTNS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop/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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLT 7102X Yr Regn: 2017, NOV

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda HRV c.c. 1496

Colour Black - A/C: Insured / Std / NI / NA

Sp.Reading 121216 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRU1830GX203257

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/60R16

R: 215/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	13/08/24

Survey held at MS Cas

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

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

Date / Time	Action / Instruction
	TP INC COE Expiry :
	Estimate given during : Yes ( )
	MV : 1st Survey : No (✓)
	PV :
	Nett :
	Adrian confirmed lump sum $4000 and 5 days (red, $5663.04, 58%)
	027D

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ + R$ _____ $I

Add Fee: ☐ : Site Insp ($ _____)