Asgt: Ref: CS/INC24080299/Aqh3

ASSIGNMENT

From: Date:

Estim Subst:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To In Vehicle No:

at WO Bldg m/s

of

Insured:

Policy No

Claim's No

Sum Ensured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SLG2637X Yr Regn: 2016, Sept.

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

Make: Honda HRV c.c 1496

Colour Brown. A/C: Insured / Std / NI / NA

Sp.Reading 116838 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRU1830GX200247

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

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 14 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

	Front		Rear	
R/Bal.	06	mm	R/Bal.	06 mm
L/Bal.	06	mm	L/Bal.	06 mm
D.O.A.			D.O.I.	21/08/24.

Survey held at HD Perfect

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 :
	LS $14300, 14 days (Red $32809.36, 70%)
	Estimate given during : Yes ( )
	MV : 38K 1st Survey : No ( )
	PV : 22.1K
	Nett : 15K
	416H.

Date/Time, File Pass to? ☐ : Preli. Report

1) 19/11 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Report Format : TP

Days Of Repair: 14

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : (($)

Survey Fee:

Transportation: $ + RS $

Photos

Others