

CS/CTI24080496/Anh3e2 (PD 2202K)

ASSIGNMENT

From: _____ Date: _____
 Estn: _____
 OD / TP RES / CD RES / EVA / INV / MV
 To in Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claim: \$ _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____
 (Policy Condition)

N/S	O/S

Remark: Vehicle 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. Repair: 5 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: PD2202K Yr Regn: 2004 July
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Mini Bus
 Make: Toyota Hiace Commuter C.C. 2755
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 14901 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFSA22P702-007230
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195R15C
 R: 195R15C

BS / DUN / EXNOVA / GY / FS / IIZA / 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. 29/08/24

Survey held at Automobile Hub
 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
	<u>TP Check</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV: 130K</u>
	<u>PV: 68.6K</u>
	<u>Nett: 61.4K</u>
	<u>Adrian confirmed lump sum \$4000 and 5 days (red, \$6116.2, 60%)</u>

024E

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

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

Report Form: _____

Report Form: _____