

REF: CS3/SPF24080503/Avp3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / OD RES / EVA / INV / MVTo In Vehicle NO: _____at W/O 10/10/10

or _____

Insured: **TP 357A**

Policy No: _____

Claims No: **ACS/105/009/2024/043(LK)**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SMM348A** Yr Regn: **2019 / June**Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Honda Freed** C.D. **1496**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **185514** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GB71075803**Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **185/65R15**R: **185/65R15**

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

TOYO / YOKO or **Fortune**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **22/8/2024** D.O.I. **27/08/24**Survey held at **Infinity Auto 57**

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

Rear N/S

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

Date / Time	Action / Instruction
	TP SPF PRS. COE Expiry
24/1/25	submit DAR LS \$5850
	Estimate given during : Yes () 1st Survey : No (✓)
	MV :
	PV :
	Nett :
	757C

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: **6**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

Report Form: A/P P/O