

REF:

CS/INC 24090064/Anh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MVTo in Vehicle NO: _____at Work m/s _____

of _____

Insured: _____

Policy No: _____

Claim's 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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est Repairs: 6 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNN 7642L Yr Regn: 2017, JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Avante C.D. 1591Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 98124 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMJA508003Gen. 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: 225/40R18R: 225/40R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 04/09/24

Survey held at

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

CR INC

COE Expiry:

Estimate given during: Yes ()

1st Survey: No ()

MV:

PV:

Nett:

Adrian confirmed lump sum \$4900 and 6 days
(red, \$8224.72, 62%)

815B.

Date/Time, File Pass to?



Preli. Report

1)



Final Report

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. / G