

REF: CS/INC24090080/Anh3 (SLK 7913U)

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / TP / RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at W/O _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum INS _____ 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 Report: _____ Consistent? : Yes or No

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

Est. Repair: _____ 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: SLK7913U Yr Regn: 2017, JanType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 C/D: 1496Colour: Red A/C: Insured / Std / NI / NASp. Reading: 131417 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN 22A8H 0100 741Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/40R18R: 225/40R18

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

TOYO / YOKO or Nexen

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 05/09/24Survey held at IL PerfectDes. 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 (✓)

1st Survey: No ()

MV:

PV:

Nett:

Adrian confirmed lump sum \$7450 and 10 days
(red, \$17032.08, 69%)892A

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$

Survey Fee:

Transportation:

S + R.S. \$

Photos