

REF: CS/FCI24090099/Aqp3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To In Vehicle No: _____

at W/O 27/10/24 m/s _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum ENSURE _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: There 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: 6 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: SN J1825L Yr Regn: 2022, Dec

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

Truck / Trailer or

Make: Bmw 116i C.D. 1499

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 27919 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA7K120X07L62689

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: 225/45R17

R: 225/45R17

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 18/09/24

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 1st Cap

LS \$6000, 6 days (Red \$6187.25, 51%)

COE Expiry:

Estimate given during: Yes (✓)

1st Survey: No ()

MV: 146K

PV: 99.2K

Nett: 46.8K

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) 08/11 Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

3 - RS: \$

Photos

Others

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inve (\$)

Report Formist:

TP

Report Formist: _____