

REF: CS/CTI24090161/Avh3

ASSIGNMENT

Front: _____ Date: _____

Estim: ~~Estim~~OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MVTo in ~~Vehicle~~ No: _____at ~~W/O~~ ~~W/O~~ m/s _____

of _____

Insured: PD 890L

Policy No: _____

Claim No: SNM24D205069

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: _____ 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: SD13389J

Yr Regn: 2016 / July

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

Truck / Trailer or

Make: Toyota Estima

C.D. 2362

Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 165621

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACR500193549

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/50 R18

R: 225/50 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

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

D.O.A. 7/9/2024

D.O.I. 12/09/24

Survey held at

Modern

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 Chirn

15/10/24 Adrian confirmed LS \$10,950 (Red 12,997.75, 54%)

MV: 52K

PV: 30.3K

Nett: 21.7K

Estimate given during : Yes C)
1st Survey : No C ✓

476C

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: _____

Addl Fee:

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

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

Report Form: LDP / C