REF: CS/INC24090278/Aqh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To In Vehicle No:

at W Shop/s

of

Insured:

Policy No.

Claims No.

Sum Ensured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 13 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNP97X Yr Regn: 2017, July

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

Make: Hyundai Elantra C.C 1591

Colour Black. A/C: Insured / Std / NI / NA

Sp.Reading 136749. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD841CMJU509251

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : 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		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	13/09/24

Survey held at JEC

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 INC COE Expiry :
	LS $14800, 13 days (Red $14837.04, 50%)
	Estimate given during : Yes ( )
	MV : 42K 1st Survey : No (✓)
	PV : 20.4K
	Nett : 21.6K
	755E.

Date/Time, File Pass to?

1) 25/11 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 13

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

__S + RS__SI

Photos

Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Report Format : TP