

REF: CS/INC24090286/Aqh3

ASSIGNMENT

From: _____ Date: _____
 Est: _____
 OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____
 (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: 3 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: SNN3747U Yr Regn: 2016, Nov
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Volkswagen Jetta C.D. 1390
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 157786 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WWZ221626m010993
 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: 225/40R18
 R: 225/40R18

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. 17/09/24

Survey held at HSD Perfect
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Prompt N/S, U/C

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP INC</u>
	<u>LS \$3450, 3 days (Red \$15098.38, 81%)</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No ()</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>854Z</u>

Date/Time, File Pass to?

1) 23/12 Typist

Date/Time, File Return to?

2) _____

Report Format:

TP

Days Of Repair: 3Resurvey No. of Trip: 3Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Inve (\$ _____)

Survey Fee:

Transportation:

3 + RS \$

Photos

Others

Report Form: _____