

REF: CS/INC24090313/Anh3 (SMR 51D)

ASSIGNMENT

From: _____ Date: _____
 Estn: _____
 OD / TP RES / CD RES / EVA / INV / MV
 To in Vehicle No: _____
 at W/O _____
 of _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)

N/S	O/S

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: SMRSID Yr Regn: 2020, Jan
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Vellfire C.D. 2493
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 86510 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: AGH300194000
 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: 235/50R18
 R: 235/50R18

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. 18/09/24
 Survey held at Twin Car

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
	<u>TP INC</u>
	COE Expiry: <u>✓</u>
	Estimate given during: Yes <u>✓</u>
	1st Survey: No <u>✓</u>
	MV: _____
	PV: _____
	Nett: _____
	Adrian confirmed lump sum \$5500 and 4 days (red, \$8131.7, 59%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS: \$1 _____

Photos