

REF:

CS/SPF24090344/Anp3 (SNA 1792U)

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remarks: Vehicle had commenced its
repair at the time of inspection.

N/S	O/S

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: SNA1792UYr Regn: 2021, JuneType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai AvanteC.D. 1598Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 148839

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLN41ETNU184795Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/45R17R: 215/45R17

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

TOYO / YOKO or Kapsen

Front

Rear

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

D.O.A. _____

D.O.I. 25/09/24Survey held at Automobile HubDes. 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

7P SPF

COE Expiry: _____

Estimate given during: Yes ()

1st Survey: No (✓)

MV: _____

PV: _____

Adrian finalise lump sum \$5800 and 6 days
(red, \$9565.2, 62%)

Nett: _____

repair range \$5000-\$6000

198P

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Addl Fee: ☐

: Site Insp (\$

☐ : Interview (\$☐ : Tech. Inve (\$

Survey Fee: _____

Transportation: _____

: S + RS. \$1

Photos

Others

Report Format: _____

Report Date: _____