Asst: REF: CS/LIP24090406/Aqh3

ASSIGNMENT

From: Date:

Estim: Cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To In: Vehicle No:

at W/O: Wksm/s

of

Insured:

Policy No

Claim's No

Sum Insured: 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: 5 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: SMC9427Z Yr Regn: 2018, July

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

Make: Hyundai Accent c.c 1368

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 195860 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHCU41BTJU434480

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: 175/70R14

R: 175/70R14

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	24/09/24

Survey held at Safe

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 Liberty
	LS $2950, 5 days (Red $3413.20, 54%)
	MV : 48K
	PV : 17.81K
	Nett : 30.2K

COE Expiry :

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

5312

Date/Time, File Pass to? 1) 11/02 Typist

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Report Format : TP

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: ___$ + RS.___$

Photos

Others