

REF:

CS/INC24090422/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estn: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MV

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client 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 Rpt: _____ 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: SMX2496J Yr Regn: 2021, Jan.

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

Make: Honda Shuttle Hybrid C.D. 1496

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

Sp. Reading: 386231 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP72003073

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 195/60R15

R: 195/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI / TOYO / YOKO or Lautenn

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 30/09/24

Survey held at Hua Meng

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>
	<u>LS \$4500, 6 days (Red \$6774.43, 60%)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

COE Expiry :
Estimate given during : Yes ()
1st Survey : No ()

Date/Time, File Pass to? : Preli. Report

1) 08/11 Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Inve (\$ _____)

Survey Fee:

Transportation:

3 + RS. \$1 _____

Photos

Others

Report Format: TP
