REF: CS/INC24090470/Aqh3

ASS. STAT:

ASSIGNMENT

From: Date:

Estimate Cost:

OD / PA / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at WORKSHOP / Others

of

Insured:

Policy No.

Claims 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLS2677S Yr Regn: 2017, Sept.

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

Make: Kia Cerato K3 c.c 1591

Colour Red. A/C: Insured / Std / NI / NA

Sp.Reading 121945 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFJ411MJ5743864

Gen. 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: 215/45R17

R: 215/45R17.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	26/09/24

Survey held at TSL.

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 INC
	LS $4900, 5 days (Red $6778.54, 58%)
	MV :
	PV :
	Nett :

COE Expiry :

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

525E

Date/Time, File Pass to? 1) 21/01 Typist

Date/Time, File Return to? 2)

[ ] : Preli. Report

[ ] : Final Report

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