REF: CS3/CTI 24090485/ Avh3

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

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

To Inspect Vehicle No: _____

at Workshop/s _____

of _____

Insured: GBK 9831C

Policy No. _____

Claim No. SNM24D205395

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: _____ 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: SFT1809B Yr Regn: 2019, Feb.

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

Make: Toyota Camry. cc 2487

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

Sp.Reading 132660 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B63HKX0400p426.

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: 235/45R18

R: 235/45R18

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.	24/9/24	D.O.I.	27/09/24

Survey held at Sheng Li Lai

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front O/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Claim (TRS).
8/10/24	Repair Range : 61C - 71C 04 Days.
	MV : 98K
	PV : 42.3K
	Nett : 55.7K

COE Expiry : J

Estimate given during : Yes ( ) No (✓)

1st Survey

194B

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

Report Format: _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

☐ : _____ ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____