Asst. Surv: REF: CS/LIP24090509/Aqh3

ASSIGNMENT

From: Date:

Estimate/Invoice:

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

To Insured/Vehicle No:

at W/Shop/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: 9 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: SLF4165H Yr Regn: 2016 / August.

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

Make: Honda Vezel c.c 1496

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

Sp.Reading 430836. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1115495

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: 215/55R17

R: 215/55R17

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

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 Ten Ten.

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 $7900, 9 days (Red $18351.88, 70%)
	MV : 311C.
	PV : 15.5K
	Nett : 15.5K

COE Expiry :

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

987I

Date/Time, File Pass to? 1) 24/01 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Workshop ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

Report Format: TP