

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimator: \_\_\_\_\_  
 OD / TP / TP RES / CD RES / EVA / INV / MV  
 To In \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
 at \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Vehicle: \_\_\_\_\_

Veh No: SLD7122Y Yr Regn: 2016, June  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai Elantra C.D. 1591  
 Colour: White A/C: Insured / Std / Nil / NA  
 Sp. Reading: 175481 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHD841CMH415214  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 195/65R15  
 R: 195/65R15

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. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. ob mm R/Bal. ob mm  
 L/Bal. ob mm L/Bal. ob mm  
 D.O.A. \_\_\_\_\_ D.O.I. 01/10/24  
 Survey held at Chia Auto

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP INC</u>
	<u>COE Expiry :</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No ( )</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

**We will be advising our Principal a cost of repair of LS \$4,500.00 /- with 6 days of repair (red, \$6601.36, 59%)**

Date/Time, File Pass to?  : Prelt. Report  
 : Final Report  
 Days Of Repair: 6  
 Resurvey No. of Trip: \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + P.S. \$ \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)