REF:

ASSIGNMENT

From: Date:

Estim Exp/Cost:

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

To In Vehicle No:

at W/S m/s

of

Insured:

Policy No:

Claims No:

Sum Ins: Excess:

(Client's 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 Report: 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: SLP3801J. Yr Regn: 2009, March

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

Make: Honda Stream. C.C 1799

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

Sp.Reading: 212010 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RN6084050

Gen. Cond: Good (circled) / Fair / Poor / Burnt,

Steering: Inorder (circled) / Jammed / Leaked / Burnt or

Brake: Inorder (circled) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim (circled) / 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 APlus.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	02/10/24

Survey held at: Twin Cas.

Des. of Damages: Frt (circled) / Rear (circled) / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	TP Budget Direct
	MV: 46K
	PV: 14.8K
	Nett: 31.2K

COE Expiry: 22/03/2025

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

288F

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

1) [ ] : Final Report

Date/time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Addl Fee: [ ] : Site Insp ($) S + RS. S

[ ] : Interview ($) Photos

[ ] : Tech. Inve ($) Others

Report Format: