

REF: CS/AGI24100055/Avp3

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MVTo in Vehicle NO: _____at Work _____

of _____

Insured: **SBL 8991A**

Policy No: _____

Claim No: **C10031989/CY**

Sum Insured: _____ Excess: _____

(Client Record)

Make of Vehicle: _____

(Policy Condition)

Remark: There had commenced its
repair at the time of inspection.

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SBK969Z** Yr Regn: **2022 / August**Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Peugeot E-208** C.C. _____Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **36398** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **VR3UK ZK SZNJ 637165**Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **215/55R18**R: **215/55R18**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **26/9/2024**D.O.I. **07/10/24**Survey held at **NSI**Des. of Damages: Fnt / 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 Budget Direct**19/11/24** Adrian confirmed LS \$6400 (Red 5356.20, 45%)

MV: _____

PV: _____

Nett: _____

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format:

Report Form / P.P. Form

Days Of Repair: **4**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

COE Expiry: _____

Estimate given during: Yes (✓)

1st Survey: No ()