REF: CS/CTI24100088/Aqp3

ASSIGNMENT

From: Date:

Estimate Amount:

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

To inspect Vehicle No:

at WORKSHOP m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SMF2335K Yr Regn: 2018 / Oct.

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

Make: kia Cerato c.c. 1591

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

Sp.Reading: 156486 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAF3416MK5019486

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: 205/60R16

R: 205/60R16

	N/S	O/S

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

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

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	14/10/24

Survey held at JEC

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 Claim. COE Expiry:
	LS $2800, 4 days (Red $3939.20, 58%)
	Estimate given during 1st Survey: Yes ( ) No (✓)
	MV : 58K
	PV : 22.7K
	Nett : 35.3K
	324 G.

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

1) 04/11 Typist

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Inv ($)

Survey Fee:

Transportation: S + RS. $

Photos

Others

Report Format: EZCLAIMS-TP