

REF: CS/FCI24100154/Aqp3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum INS _____

Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

N/S	O/S

Remark: There 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: 18 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: PC2637UYr Regn: 2011 JulyType: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: King LongXMQ6117K 6693Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LA6R1FSH2BB101595Gen. 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: 295/80R22.5R: 295/80R22.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Duratur

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 08/10/24Survey held at Auto United

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

Front N/S

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

Date / Time

Action / Instruction

TP 1st Cap.LS \$26000, 18 days (Red \$39100, 60%)MV: 38KPV: 9.3KNett: 28.7KCOE Expiry: 30/06/2026Estimate given during: Yes (✓)
1st Survey: No (✓)137K

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 181) 01/11 Typist☐ : Final ReportResurvey No. of Trip: 2

Date/Time, File Return to?

2) _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Inve (\$ _____)

Survey Fee:

Transportation:

3 + RS \$1

Photos

Others

Report Format:

TP

Report Form: A.P.P. Form