

REF: CS/INC24100173/Anh3 (SLQ 233M)

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at Work m/s _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum INSUR _____

Excess: _____

(Client's Record)

Make of Vcl: _____

(Policy Condition)

N/S	O/S

Remark: Tlveh 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. Repair: 2 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: SLQ233M Yr Regit: 2017 JuneType: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Audi A4 C.D. 1395Colour: White A/C: Insured / Std / NI / NASp. Reading: 13824 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF46HA164447Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 205/60R16R: 205/60R16

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. _____ D.O.I. 09/10/24Survey held at Success UnitedDes. 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 INC

COE Expiry: _____

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

MV: _____

PV: _____

Nett: _____

Adrian confirmed lump sum \$2150 and 2 days
(red, \$4808.18, 69%)

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. \$1

Photos

Others

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

Report Format: _____

Report Format: _____