

REF: CS/INC24100321/Anh3 (SLS 9501U)

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in _____ Vehicle NO: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: The vehicle 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: 6 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLS9501U Yr Regn: 2017, Oct.

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

Truck / Trailer or

Make: Hyundai Ioniq C.D. 1580Colour: Black A/C: Insured / Std / NI / NASp. Reading: 152768 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCS1CVHM040999Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17R: 225/45R17☒ BS DUN / EXNOVA / GY / FS / IZA / 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. 18/10/24Survey held at HP PerfectDes. 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 \$6250 and 6 days
(red, \$15672.4, 71%)235M.

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

3 + RS. \$1 _____

Photos _____

Others _____

Report Format: _____

Report Form: _____