

REF: CS/AGI24100326/Avp3

ASSIGNMENT

From: _____ Date: _____

Veh No: SPH2884M Yr Regn: 2015, NovEstim: DirectType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD / TP RES / CD RES / EVA / INV / MV

Truck / Trailer or _____

To in Vehicle No: _____Make: Lexus NX200T C.D. 1998at W/O in/sColour: White A/C: Insured / Std / NI / NA

of _____

Sp. Reading: 227835 T/Radio: Insured / Std / NI / NAInsured: SLV 4728A

Eng/No: _____

Policy No: _____

C/No: JTJBARBZ302034108Claim's No: C10032250/CHGen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____

Excess: _____

Steering: In order / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or _____

Make of Veh: _____

Mod: Nil / S/Rim / STD A/Rim or _____

(Policy Condition)

Tyre Size: F: 235/50R18R: 235/50R18

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

N/S

O/S

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

TOYO / YOKO or _____

Bal. or Market Value: _____

Front

Rear

IDAC Accident Report Consistent? : Yes or No

R/Bal. 06 mmR/Bal. 06 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 06 mmL/Bal. 06 mm

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

D.O.A. 15/10/224 D.O.I. 21/10/24

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

Survey held at NSI

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

19/11/24 TP Budget Direct COE Expiry
Adrian confirmed LS \$1800 (Red 5019.50, 73%)Estimate given during : Yes (✓)
1st Survey No ()MV: 58KPV: 38.2KNett: 19.8K

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

3 + RS. \$1 _____

Photos _____

Others _____

Report Format: _____

Report Form: _____