

REF:

CS/INC24100371/Anh3 (SMK 5703K)

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To in Vehicle No: _____

at V/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vek: _____

(Policy Condition)

N/S	O/S

Remarks: Vehicle 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: 7 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: SMK5703KYr Regn: 2019, AprilType: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz GLA180C.D. 1595Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 64623

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDC1569422J60 3736Gen. 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: 235/50R18R: 235/50R18

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

TOYO / YOKO or

Front

Rear

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

D.O.A. _____

D.O.A. 22/10/24Survey held at KT MotorworksDes. 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 \$16400 and 7 days
(red, \$13418.2, 45%)6811

Date/Time, File Pass to?



Preli. Report

Days Of Repair: 7

Resurvey No. of Trip: _____

1)



Final Report

Date/Time, File Return to?

2)

Add Fee: ☐

Site Insp (\$ _____)



Interview (\$ _____)



Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

S + P.S. \$1 _____

Photos _____

Others _____

Report Format: _____

Report Form: A.P.P. 10