

REF:

CS/PCI 24100425/Aip3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: **SHA 4588U**

Policy No: _____

Claim's No: **D24009333MFCT**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: The 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: _____ 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: **SNR3100P** Yr Regn: **2016, May**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda Verel** C.D. **1496**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **128098** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **Ru11112806**Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **215/60R16**R: **215/60R16**

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. **22/10/24** D.O.I. **23/10/24**Survey held at **YSK**Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
7/11/24	TP 1st Cap. Adrian confirmed LS \$8500 (Red 18,916.52, 68%)
	COE Expiry
	Estimate given during 1st Survey: Yes (✓) No (✓)
	MV: 24K
	PV: 12.6K
	Nett: 11.4K
	949B

Date/Time, File Pass to?

☐ Prel. Report
☐ Final Report

Prel. Report

Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: **8**

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

Report Format:

Report Form / IP / C