

REF:

CS/INC24100501/Anh3 (SLZ 2653Z)

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estn: \_\_\_\_\_

OD / TP RES / CD RES / EVA / INV / MY

To in \_\_\_\_\_ Vehicle NO: \_\_\_\_\_

at \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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: SLZ 2653Z Yr Regn: 2018, April

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

Truck / Trailer or

Make: Opel Crossland C.C. 1199

Colour: Brown A/C: Insured / Std / NI / NA

Sp. Reading: 149/88 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: W0V7D9FDXJ4139216

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: 205/60R16

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 29/10/24

Survey held at JL Perfect

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

Rear N/S

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

Date / Time	Action / Instruction
	<u>TP INC</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV : Yes (✓)</u>
	<u>PV : No ( )</u>
	<u>Nett :</u>
	<u>Adrian confirmed lump sum \$8000 and 7 days (red, \$22178.1, 73%)</u>
	<u>956D</u>

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

\_\_\_\_\_

Days Of Repair: 7

Resurvey No. of Trip: \_\_\_\_\_

Artcl Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Inve (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

3 + RS. \$1 \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

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_____
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