REF: CS/FCI24100515/Anp3 (KFH 241)

ASSIGNMENT

From: Date:

Estim Cost:

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

To Insured Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh 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: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: KFH241 Yr Regn: 2017, June

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

Make: Honda Accord C.C. 1997

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

Sp.Reading: 121120 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PMHMCR1640HD800030

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/50R17

R: 225/50R17.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	ok mm	R/Bal.	ok mm
L/Bal.	ok mm	L/Bal.	ok mm
D.O.A.		D.O.I.	29/10/24.

Survey held at Unimotor

Des. 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 1st Grp.
	MV : 70K (RM)
	PV : 5K (RM)
	Nett : 65K (RM) ≃ 20K
	Adrian finalise lump sum $4000 and 5 days (red, $10032.36, 71%)

COE Expiry :

Estimate given during 1st Survey : Yes ( ) No (✓)

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 5

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + RS. SI

Photos

Others

Report Format :

Report Form / LP Form