

REF: CS/INC24100530/Anh3 (SMN 1722R)

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in _____ Vehicle NO: _____

at _____ km/s

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: 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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMN1722RYr Regn: 2019, JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan QashqaiC.D. 1197Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 71871

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STNFEAJ11u2384565Gen. 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: 215/60R17R: 215/60R17

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

TOYO / YOKO or Giti

Front

Rear

R/Bal. 06

mm

R/Bal. 06

mm

L/Bal. 06

mm

L/Bal. 06

mm

D.O.A. _____

D.O.A. 30/10/14Survey held at JL PerfectDes. 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 C
1st Survey: No C

MV: _____

PV: _____

Nett: _____

Adrian confirmed lump sum \$6650 and 7 days
(red, \$12085.60, 64%)8336

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

3 + RS \$1

Photos

Others

Report Format: _____

Report Form / L.P.F.C.