

REF: CS/INC24100531/Anh3 (SKF 8383E)

ASSIGNMENT

From: _____ Date: _____
 Est: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____ m/s
 of _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____
 (Policy Condition)

Remarks: Vehicle 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. Repair: 5 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: SKF8383E Yr Regn: 2016, March
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E250 C.C. 1991

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

Sp. Reading: 215126 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2120362B255772

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: 265/35R18

R: 265/35R18

BS / 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. 20/10/24

Survey held at JL Perfect

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

Rear o/s

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

Date / Time Action / Instruction

TP INC

COE Expiry: _____

Estimate given during: Yes ☒ No ☐
 1st Survey

MV:

PV:

Nett:

Adrian confirmed lump sum \$ 6300 and 5 days

(red, \$19593.15, 75%)

303J

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Adm Fee: ☐: Site Insp (\$ _____)

☐: Interview (\$ _____)

☐: Tech. Inve (\$ _____)

Photos

Others

Report Format: _____

Report Format: _____