Ass. Serv: REF: CS/INC24110013/Aqh3

ASSIGNMENT

From: Date:

Estim. Cost:

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

To in Vehicle No:

at WO Km/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: 6 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: SLA2046H Yr Regn: 2016, Feb.

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

Make: Volkswagen Golf c.c 1197

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

Sp.Reading: 136317 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZAUZGW124928

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16 R: 205/55R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	01/11/24

Survey held at: Elite Auto Restoration.

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.
	LS $6800, 6 days (Red $10625.41, 61%)
	MV : 22K
	PV : 10.2K
	Nett : 11.8K

COE Expiry :

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

Date/Time, File Pass to? 1) 21/02 Typist

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: B + RS. SI

Photos

Others

Report Format: TP