REF: CS/INC24110043/Aqh3

ASSIGNMENT

From: Date:
Estim / Asst:
OD / TP/IS / TP RES / OD RES / EVA / INV / MV
To inspect 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: 3 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: SLZ1436R Yr Regn: 2018, April
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Honda Jazz C.C 1317
Colour: White A/C: Insured / Std / NI / NA
Sp.Reading: 89308 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: GK31316462
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: 195/65R15
R: 195/65R15
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.	04/11/24

Survey held at: Chia Auto
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 INC
	LS $2150, 3 days (Red $3334.16, 61%)
	COE Expiry: ✓
	Estimate given during 1st Survey: Yes ( ) No ( ) ✓
	MV:
	PV:
	Nett:

Date/Time, File Pass to?
1) 21/01 Typist
Date/Time, File Return to?
2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 3
Resurvey No. of Trip: 2

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

Survey Fee:
Transportation: $ + RS. $
Photos
Others

Report Format: TP