

REF: CS/CTI24110142/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estimate No. _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No. _____

Claim No. _____

Sum Insured _____ Excess: _____

(Client's Record)

Make of Vehicle _____

(Policy Condition)

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: 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: SKK30068 Yr Regn: 2019, MarchType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C.O. 3982Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 38513 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2053872F854057Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim orTyre Size: F: 255/35R19R: 255/35R19BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 08/11/24Survey held at Adhene

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

Rev O/S

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

Date / Time Action / Instruction

TP China

COE Expiry: _____

LS \$3400, 3 days (Red \$2137.20, 39%)

Estimate given during: Yes ()

1st Survey: No ()

MV: 250KPV: 149.3KNett: 100.7K3007.

Date/Time, File Pass to?

☐

Prel. Report

Days Of Repair: 31) 17/03 Typist☐

Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format: EZCLAIMS-TP