

CS/INC24060026/Anp3

ASSIGNMENT

From: _____ Date: _____
 Est: _____
 OD / TP / RES / CD RES / EVA / INV / MV
 To in: _____
 at: _____
 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.

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: SLW5214P Yr Regn: 2018, Feb.
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Elentra C.D. 1591
 Colour: Gold A/C: Insured / Std / NI / NA
 Sp. Reading: 58045 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH D841 CMJU 628456
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In / Jammed / Leaked / Burnt or
 Brake: In / Jammed / Leaked / Burnt or
 Mod: 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. 11/06/24.
 Survey held at NSI

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
	<u>TP INC</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No (✓)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>Adrian confirmed lump sum \$1700 and 3 days</u>
	<u>(red, \$4731.04, 73%)</u>

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

3 - RS. \$1