

REF:

CS/INC24110238/Anh3(N)

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MVTo in ~~Vehicle~~ No: _____at ~~Work~~ / ~~Home~~ / ~~Other~~ _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vek: _____

(Policy Condition)

N/S	O/S

Remark: Tereh 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. Repair: 21 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: SJC2042G Yr Regn: 2008, FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Suzuki Swift Sport cc 1586Colour: Orange A/C: Insured / Std / NI / NASp. Reading: 302591 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZC31S202247Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/40R17R: 205/40R17BS / 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. 12/11/24Survey held at TSLDes. 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 INCCOE Expiry: 30/09/2027

adrian inform mv change to \$33k on 03/12/25 Estimate given during: Yes ()

MV: 32K (Prevention @ 11K x 2.9yr 1st Survey No ()PV: 12.7K ~Nett: 19.3K

Adrian confirmed lump sum \$20000 and 21 days

(red, \$29273.19, 59%)

372D

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 21

1) Date/Time, File Return to?

☐

Final Report

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

B + RS. \$1

Photos

Others

2) _____

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

Report Form: _____

Report Form: _____