

CS/INC24060027/Anp3

ASSIGNMENT

From: _____ Date: _____
 Estin: 22/06/24
 OD / IP / RES / CD RES / EVA / INV / MV
 To In Vehicle No: _____
 at W/O 22/06/24
 of _____
 Insured: _____
 Policy No. _____
 Claim No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vek _____

(Policy Condition)

N/S	O/S

Remark: The 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: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLW2251R Yr Regn: 2018, Feb
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota C/D 1197
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 258827 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTNKY3BX801006244
 Gen. 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 or
 Tyre Size: F: 225/50 R18
 R: 225/50 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / 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 HD Perfect
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s

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 \$5000 and 4 days</u>
	<u>(red, \$16066.5, 76%)</u>

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

Days Of Repair: 4
 Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + P.S. \$1 _____