Assr. Ref: REF: CS/INC24110316/Aqh3

ASSIGNMENT

From: Date:

Estim Cost:

OD / PTPD / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at W/Shop/s

at

Insured:

Policy No.

Claim's No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SNA6646B. Yr Regn: 2010 / June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: BMW 523i c.c. 2497

Colour Black. A/C: Insured / Std / NI / NA

Sp.Reading 289496 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAFP32030C544698.

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: 245/40R19.

R: 245/40R19

	N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Habilead

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	18/11/24

Survey held at JL Perfect.

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 $9700, 7 days (Red $30460.38, 76%)
	MV : 50K
	PV : 13K
	Nett: 37K
	324D

COE Expiry : 31/12/2028.

Estimate given during : Yes (✓)

1st Survey : No ( )

Date/Time, File Pass to? 1) 30/04 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 3

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

Report Format: TP