CS/AGI24110356/Aqp3

Asst. Supervisor: REF:

ASSIGNMENT

From: Date:

Estimate Cost:

OD / TPDS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop/s

or

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SMK5577H Yr Regn: 2019, April

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

Make: Honda Freed c.c 1496

Colour Blue. A/C: Insured / Std / Nil / NA

Sp.Reading 310417. T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: GB71091722.

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: 185/65R15

R: 185/65R15

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 Firenza.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 13 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 Twincar

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 Budget Direct.
	LS $15500, 13 days (Red $12689.25, 45%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during 1st Survey : Yes ( ) No ( )

400H.

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

1) 20/12 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 13

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inv ($)

Survey Fee:

Transportation: $ + R$ $

Photos

Others

Report Format : TP