

REF:

CS/AGI24110375/Anp3 (SLF 9693S)

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

OD / TP RES / CD RES / EVA / INV / MVTo in Vehicle NO: _____at Workshop _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)



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

Bal. or Make Value: _____

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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: SLF9693S Yr Regn: 2016, Sept.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Jaguar XF C.D. 1999Colour: Black A/C: Insured / Std / NI / NASp. Reading: 186882 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SAJBB4A 6XHCY25884

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/45R18R: 245/45R18

BS / 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. 18/11/24Survey held at Twin CarDes. 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 Budget Direct.</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No ()</u>
	<u>MV : 56K</u>
	<u>PV : 43.1K</u>
	<u>Nett : 129K</u>
	<u>Adrian confirmed lump sum \$11000 and 6 days</u>
	<u>(red, \$12768.48, 53%)</u>
	<u>369E.</u>

Date/Time, File Pass to?



Preli. Report

Days Of Repair: 6

1)



Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Addl Fee:



Site Insp (\$



Interview (\$



Tech. Invo (\$

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

Report Format:

Report Format: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z