

REF:

CS/INC24110380/Anh3 (SLT 6941Y)

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / TP / TP RES / OD RES / EVA / INV / MYTo in Vehicle NO: _____at Work / Station / Shop / _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remarks: 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: SLT6941Y Yr Regn: 2017, NovType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.D. 1797Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 593689 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZVW400026450Gen. 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: 205/60R16R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Habibead

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 19/11/24*Survey 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

TP INC

COE Expiry: _____

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

MV: _____

PV: _____

Nett: _____

Adrian confirmed lump sum \$7300 and 6 days
(red, \$9163.68, 55%)

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + R.S. \$1

Photos

Others

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

Report Forward: _____

Report Forward: _____