Assg. Sort: | REF: CS/INC24110458/Aqh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To in Vehicle No:

at W/S:

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLB4744H Yr Regn: 2016, April

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

Make: Kia Forte K3 c.c 1591

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

Sp.Reading 65207 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFX411MG5596339

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: 205/55R16

R: 205/55R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	21/11/24

Survey held at Ryder

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
	TP INC
	LS $5200, 6 days (Red $9110.85, 64%)
	MV : 24K
	PV : 14.2K
	Nett : 9.8K

COE Expiry :

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

220H.

Date/Time, File Pass to?

1) 17/02 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inv ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Others

Report Format : TP

Report Form / UPR / TP