

REF:

CS/INC24110526/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / ~~TP~~ / TP RES / CD RES / EVA / INV / MV

To In: _____ Vehicle No: _____

at W: _____ km/s

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vcl: _____

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repair: _____

9

days

Res.: Yes or No

Lum Sum: _____

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLR505Z Yr Regn: 2017, JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Bmw 40i Gran Coupe 1998Colour: White A/C: Insured / Std / NI / NASp. Reading: 8778 4 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA4H32040BH11116Gen. 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: 265/30R19R: 265/30R19

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I.

26/11/24

Survey held at

JL PerfectDes. of Damages: Fnt / 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: _____

LS \$23800, 9 days (Red \$41262.74, 63%)

Estimate given during: Yes (✓)

1st Survey: No (✓)

MV: 72KPV: 40KNett: 32K496D

Date/Time, File Pass to?

☐

Prel. Report

1) 20/02 Typist
☐

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 9Resurvey No. of Trip: 2Addl Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Inve (\$ _____)

Survey Fee:

Transportation:

3 + R.R. \$1

Photos

Others

Report Formed: TP