

REF: CS/CTI24110554/Anh3e2 (SMG 4552G)

ASSIGNMENT

From: _____ Date: _____

Est: _____

OD / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at Wong m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: The vehicle 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: 9 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: SMG 4552G Yr Regn: 2018, DecType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vellfire C.D. 2494Colour: Black A/C: Insured / Std / NI / NASp. Reading: 301755 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTNGF3DH108019538Gen. 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: 235/55 R18R: 235/55 R18

ES / 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. 26/11/24Survey 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 Chinn</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV : 130K</u>
	<u>PV : 54.3K</u>
	<u>Nett : 75.7K</u>
	<u>Adrian confirmed lump sum \$14500 and 9 days</u>
	<u>(red, \$21911.05, 60%)</u>
	<u>722Z</u>

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 9

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

Report Formset:

Report Formset A/P/P/C