REF: C53/LIP241106715/Aqh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To inspect Vehicle No:

at W/S m/s

of

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

	N/S	O/S
Remark: The veh 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. Repairs: 24 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: SJT2407Z Yr Regn: 2009, Sept

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

Make: Hyundai Avante C.C 1591

Colour: White A/C: Insured / Std / Nil / NA

Sp.Reading: 49760 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: KMHDU41BMAU892598

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: 185/65R15

R: 185/65R15

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm

D.O.A. D.O.I. 29/11/24

Survey held at: Power Build

Des. 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 Liberty (PRS) COE Expiry : 31/08/2029.
	Estimation range of cost: $20K – $23K
	Estimate given during 1st Survey : Yes ( ) No (✓)
	MV : 45K.
	PV : 13.9K
	Nett : 31.1K
	935A

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: $ + R$ $

Photos

Others