

REF: CS/CTI24060308/Anh3

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MVTo In Vehicle No: _____at W City/In/s _____

of _____

Insured: _____

Policy No: _____

Claim: \$ No

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: 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. Repair: _____ 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: SFT3134B Yr Regt: 2014, NovType: M/Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 5 C/D: 1998Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 315759 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6CW1071F0120456Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: Nil S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16

BS / DUN / EXNOVA / GY / FS / IZA / 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. 28/06/24Survey held at NSIDes. of Damages: Front / 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 China Total Loss

COE Expiry: _____

Estimate given during: Yes ()

1st Survey: No (✓)

MV: 13K 13.5kPV: 9.6K 9.6kNett: 3.4K 3.9k

02/07/24 submit extensive total loss ; MV \$13,500 ; LTA : \$9521; NV \$7879

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Addl Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS \$1

Photos

Others

Report Format: _____

Report Form: _____