

REF:

CS/CTI24120089/Anh3e2 (SNH 732M)

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To inspect vehicle No: _____

at Work _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: Vehicle had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Metal Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: 3 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: SNH732M Yr Regn: 2022 Sept.Type: (M) Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel C.D. 1496Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 175169 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RV31007993Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 215/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 86 mm R/Bal. 86 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 25/02/25Survey held at Modern

Des. of Damages: Frt / Rear / O/S / I/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Check</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No ()</u>
	<u>MV : 112K</u>
	<u>PV : 63.4K</u>
	<u>Nett : 48.6K</u>
	<u>Adrian finalise lump sum \$2850 and 3 days</u>
	<u>(red, \$8060.96, 73%)</u>
	<u>239W</u>

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 3

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

S + R.S. \$ _____

Photos

Others

Report Form No: _____

Report Form No: _____