

REF: CS/INC24120154/Anh3

ASSIGNMENT

From: _____ Date: _____

Estn: _____

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

To In: _____ Vehicle No: _____

at W: _____

of: _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client Record)

Make of Vek: _____

(Policy Condition)

Remarks: Tlevah 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: 4 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: FRSS33E Yr Regn: 2024, Jan.

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

Truck / Trailer or

Make: Yamaha NMAX C.D. 155Colour: Green A/C: Insured / Std / NI / NASp. Reading: 20057 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH35G655000001981Gen. 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 orTyre Size: F: 110/70R13R: 130/70R13

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / CHTSU / PIR / SUMI /

TOYO / YOKO or NCEL

Front: _____ Rear: _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. 06/01/25.Survey held at JECDes. 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 INC.</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes C</u>
	<u>1st Survey : No C ✓</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	Adrian finalise lump sum \$3200 and 4 days (red, \$10923.2, 77%)
	<u>430A.</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report
1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + R.S. \$ _____

Photos _____

Others _____

Report Form ref: _____

Report Form ref: _____