REF: CS/CTI24120247/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estimate Amount: _____

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

To Insp Vehicle No: _____

at WORKSHOP/S _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Veh No: FBJ9154D Yr Regn: 29 DEC 2014

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

Make: Yamaha Lopites c.c 134

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 91305 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH350C004EK * 707879

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: 70/90R17

R: 80/90R17

N/S	O/S

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

Bal. or Market Value: $200(est)

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	02/12/2024	D.O.I.	17/12/24

Survey held at MS Car

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 Claim. (Total Loss). COE Expiry :
14/05/25	Submit Extensive Total Loss
	MV : 200K(est)
	PV : 35(est) (4312/120)
	Nett : 165

Estimate given during : Yes ( ) / No ( )

1st Survey

Date/Time, File Pass to? 1) 14/05 Typist

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

Survey Fee:

Transportation: _____ @ RS. _____ SI

Photos

Others

Report Format : EZCLAIMS-TP/TL-E