

CS/INC24120286/Anh3 (SJW 5963Z)

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in _____ vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: Tlevah 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. Repair: 4 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: SJW5963Z Yr Regn: 2010 / April

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

Truck / Trailer or

Make: Volkswagen Golf GTi 1984

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

Sp. Reading: 213553 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ1KZAW268160

Gen. 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 or

Tyre Size: F: 245/40R18

R: 245/40R18

BS / DUN / EXNOVA / GY / FS / L / ZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. ob mm

L/Bal. ob mm

D.O.A. _____

Rear

R/Bal. ob mm

L/Bal. ob mm

D.O.I. 19/12/24

Survey held at

JL Perfect

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 INC.

COE Expiry: 31/03/2030

Estimate given during: Yes (✓)

1st Survey: No ()

MV:

PV:

Nett:

Adrian confirmed lump sum \$5250 and 4 days (red, \$24994.72, 82%)

785E

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS \$1

Photos

Others

Report Form:

Report Form: