Asg. By: REF: CS/AGI24120307/Aqp3

ASSIGNMENT

From: Date:

Estim Cost:

OD / PWS / TP RES / CD RES / EVA / INV / MV

To in Vehicle No:

at WO Fm/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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNQ354Z Yr Regn: 2024, March.

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

Make: BYD Dolphin C.C -

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

Sp.Reading 12869 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LCOCE4CC2P0482238.

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: 195/60R16.

R: 195/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Ling Long.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	20/12/24

Survey held at Twin 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 Budget Direct.
	LS $23400, 12 days (Red $20765.80, 47%)
	MV : 130k
	PV : 76.9k
	Nett : 53.1k
	911Z

COE Expiry :

Estimate given during : Yes ( ) 1st Survey : No (✓)

Date/Time, File Pass to? 1) 22/01 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Report Format : TP

Days Of Repair: 12

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + R.S. $

Photos

Others