

CS/INC24120447/Aqh3

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To In: _____ Vehicle No: _____
 at W: _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

(Policy Condition)

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

Bal. or Mkt Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Scan: _____ 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: SKX8677M Yr Regn: 2007 March

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

Truck / Trailer or

Make: Toyota Estima C.O. 2362

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

Sp. Reading: 298165 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACRS07042511

Gen. Cond: Good Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 215/55R17

R: 215/55R17

BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Yokohama

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

D.O.A. 30/12/24

Survey held at HP Perfect

Des. of Damages: Fr / Rear / O/S / W/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP ME

LS \$4650, 4 days (Red \$11899.70, 72%)

COE Expiry: 12/03/2027

Estimate given during: Yes ☒

1st Survey: No ☐

MV:

PV:

Nett:

317E

Date/Time, File Pass to?

☐ : Prel. Report

1) 21/03 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

3 + RS \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

Report Form: TP

Report Form: TP