

CS/INC24070063/Anh3 (SMC 611S)

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in _____ Vehicle No: _____

at _____ m/s

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: Vehicle had commenced its repair at the time of inspection.

N/S	C/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repair: _____ 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: SMC611S Yr Regn: 2010, May

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

Truck / Trailer or

Make: Toyota Alphard C.O. 2362

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

Sp. Reading: 171814 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ANH20812682

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: 235/SOR18

R: 235/SOR18

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____ D.O.I. 03/07/24

Survey held at

Des. of Damages: Front / 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: 06/05/2030

MV: 96k

PV: 19.6k

Nett: 76.4k

Estimate given during: Yes
1st Survey: No

Adrian finalise lump sum \$22,200 and 12 days
(red, \$32966.33, 59%)

451A

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: 12

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

Report Format:

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.