

REF: CS/INC24060112/Anh3 (SMF 6102P)

ASSIGNMENT

From: _____ Date: _____

Estim: ~~Cost~~ _____

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

To In ~~Vehicle~~ No: _____

at W ~~Or~~ / m/s _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMF6102P Yr Regn: 2009, July

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

Truck / Trailer or

Make: Honda Civic C.D. 1595

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

Sp. Reading: 212144 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMF046209S-200457

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Modif: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 225/45R17

R: 225/45R17

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

TOYO / YOKO or Tourador

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 19/06/24

Survey held at One Garage

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 : 30/04/2029

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

MV :

PV :

Nett :

Adrian confirmed lump sum \$2400 and 4 days
(red, \$1893.44, 44%)

\$790

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Report Format:

1. Form 2. Form 3. Form 4. Form 5. Form 6. Form 7. Form 8. Form 9. Form 10. Form 11. Form 12. Form 13. Form 14. Form 15. Form 16. Form 17. Form 18. Form 19. Form 20. Form 21. Form 22. Form 23. Form 24. Form 25. Form 26. Form 27. Form 28. Form 29. Form 30. Form 31. Form 32. Form 33. Form 34. Form 35. Form 36. Form 37. Form 38. Form 39. Form 40. Form 41. Form 42. Form 43. Form 44. Form 45. Form 46. Form 47. Form 48. Form 49. Form 50. Form 51. Form 52. Form 53. Form 54. Form 55. Form 56. Form 57. Form 58. Form 59. Form 60. Form 61. Form 62. Form 63. Form 64. Form 65. Form 66. Form 67. Form 68. Form 69. Form 70. Form 71. Form 72. Form 73. Form 74. Form 75. Form 76. Form 77. Form 78. Form 79. Form 80. Form 81. Form 82. Form 83. Form 84. Form 85. Form 86. Form 87. Form 88. Form 89. Form 90. Form 91. Form 92. Form 93. Form 94. Form 95. Form 96. Form 97. Form 98. Form 99. Form 100. Form 101. Form 102. Form 103. Form 104. Form 105. Form 106. Form 107. Form 108. Form 109. Form 110. Form 111. 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