

CS/ICS24070266/Anp3

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 OD / TP RES / OD 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 Veh: _____

(Policy Condition)

Remark: The veh 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: _____ 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: SGH 7532K Yr Regn: 2006, June

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

Truck / Trailer or

Make: Topla Wisk C.D. 1794

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

Sp. Reading: 253287 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZNE100312 062

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: 195/65R15

R: 195/65R15

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 16/07/24

MS Car

Date / Time

Action / Instruction

TP ECICS

COE Expiry : 20/06/2026

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

MV: 21K

PV: 9.3K

Nett: 11.7K

Adrian confirmed lump sum \$6500 and 7 days
 (red, \$12349.88, 65%)

5454

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 7

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee:

Transportation:

3 + RS. 31