

REF: CS/INC24070271/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 Vehicle: _____
 (Policy Condition)

N/S	O/S

Remark: Vehicle 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. Repairs: 6 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: SKT36SL Yr Regn: 2017, Jan
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Porsche 718 Boxster 2497
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 5825 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WP0ZZZ98Z1S231876
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 275/35R19
 R: 275/35R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Kinforest

Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 16/07/24
 Survey held at N51
 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
	<u>TP INC</u>
	LS \$19300, 6 days (Red \$22636.80, 54%)
	MV: <u>175K</u>
	PV: <u>92.2K</u>
	Nett: <u>82.8K</u>

Date/Time, File Pass to?

1) 28/07 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 6Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS \$1

Photos

Others

Report Form: TP

Form 2407 / 1/1/1/1