

REF: CS/INC24060065/Anh3 (SME 4881S)

ASSIGNMENT

From: _____ Date: _____
 Estin ~~Post~~ Post: _____
 OD / ~~RES~~ / TP RES / OD RES / EVA / INV / MV
 To In ~~Vehicle~~ Vehicle No: _____
 at Work ~~m/s~~ m/s _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)

Veh No: SME4881S Yr Regn: 2018, Oct.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Civic C.C. 1597
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 89764 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MRHFC5650JTC01695
 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: 215/50R17
 R: 215/50R17

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

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 12/06/24
 Survey held at MG Solution
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP INC</u>
	COE Expiry: _____
	Estimate given during: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	1st Survey: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	MV: _____
	PV: _____
	Nett: _____
Adrian confirmed lump sum \$1450 and 2 days (red, \$4466.24, 75%)	

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. \$1	
Photos	