REF: CS/INC24070346/Aqh3

ASSIGNMENT

From: Date:

Estim / Cost:

OD / TPNS / TP RES / OD RES / EVA / INV / MV

To Insured Vehicle No:

at Workshop m/s

of

Insured:

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJU81X Yr Regn: 2016, April

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

Make: Infiniti Q50 C.C 1991

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

Sp.Reading: 102554. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1BCAV37204806 83

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

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/50R18.
R: 225/50R18

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.	23/07/24	

Survey held at: Twin Car.

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: ✓
	LS $6000, 6 days (Red $10883.15, 64%)
	Estimate given during 1st Survey: Yes ( ) No ( ) ✓
	MV: 46K
	PV: 27.7K
	Nett: 18.3K

Date/Time, File Pass to?
1) 17/10 Typist

[ ] : Preli. Report
[ ] : Final Report

Date/Time, File Return to?
2)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech. Inve ($)

Survey Fee:
Transportation:
___S + R.S. ___SI
Photos
Others

Report Format: TP