

REF:

CS / AG124070446 / App.3

ASSIGNMENT

From: _____ Date: _____

Estim: ~~Estim~~ _____OD / ~~TP RES~~ / TP RES / OD RES / EVA / INV / MVTo in ~~Vehicle~~ No: _____at W ~~id~~ m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum ~~ns~~ ~~use~~ _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: SLW94771C Yr Regn: 2018, MarchType: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel Hybrid CC 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 163500 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R431261624Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 215/60R16

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

TOYO / YOKO or

Bearway

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 30/07/24Survey held at TwinlerDes. 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 Budget DirectCOE ExpiryEstimate given during : Yes C1st Survey : No C

MV:

PV:

Nett:

908Z

Date/Time, File Pass to?

1) _____
Date/Time, File Return to?

2) _____

Report Format:

Report Form / R.P. / C

☐ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others