

CS/INC24070470/Anh3 (SLW 811M)

ASSIGNMENT

From: _____ Date: _____

Estn: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

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: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLW811M Yr Regn: 2016 / Sept.

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

Truck / Trailer or

Make: Toyota Sienta C.D. 1496

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

Sp. Reading: 321007. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NSP1707030915

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STIR / STD A/Rim or

Tyre Size: F: 185 / 55 R16

R: 185 / 55 R16.

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

TOYO YOKO

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 30/07/24.

*Survey held at NSI.

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

Front o/s

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

Date / Time

Action / Instruction

TP INC

MV: _____

PV: _____

Nett: _____

Adrian confirmed lump sum \$2900 and 2 days

(red, \$3637.28, 55%)

COE Expiry: _____

Estimate given during: Yes ☒

1st Survey: No ☒

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

Report Format:

Report Form / Report Form

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Insp (\$)

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others