

REF: CS/INC24070472/Anh3 (SNN 2463U)

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 OD / TP RES / CD RES / EVA / INV / MV
 To In Vehicle No: _____
 at W/O _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

Remark: The veh 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
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNN2463U Yr Regn: 2008, July
 Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Crossroad C.D. 1799
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 167077 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RT11008137
 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: 215/60R17
 R: 215/60R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / 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. 30/07/24

Survey held at Ryder
 Des. of Damages: Front / 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>
	COE Expiry: <u>07/07/2028</u>
	Estimate given during: Yes (✓) 1st Survey: No ()
	MV: <u>49K</u>
	PV: <u>14.6K</u>
	Nett:
	Adrian confirmed lump sum \$9600 and 9 days (red, \$9505.36, 49%)
	<u>090D</u>

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
S + R.S.:	

Add Fee: ☐ : Site Insp (\$ _____)