

REF: CS/SMR24080011/Aqp3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MVTo in Vehicle No: _____at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: The 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. Repair: 6 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: SKA1357D Yr Regn: 2011 / Jan.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Avante CC: 1591Colour: Black A/C: Insured / Std / NI / NASp. Reading: 130115 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH DU41BMAU 024162Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/50R16R: 205/50R16

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

TOYO / YOKO or

Black Hawk

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 01/08/24

Survey held at

Auto unitedDes. of Damages: Frt Rear / O/S / W/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP 1st Cap.COE Expiry: 23/01/2026

LS \$3900, 6 days (Red \$7049.82, 64%)

Estimate given during: Yes ()

1st Survey: No (✓)

MV: 16KPV: 5.7KNett: 10.3K244F

Date/Time, File Pass to?



Preli. Report

1) 04/09 Typist

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format: TP

Main Report File Path: