REF: CS/INC24080114/Aqh3

ASSIGNMENT

From: Date:

Estimate Amount:

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

To inspect Vehicle No:

at WO / Workshop:

or

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client Record)

Make of Car:

(Policy Condition)

Remark: 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. Repair: 2 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLX9167A Yr Regn: 2018 April

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

Make: Mazda 3 c.c. 1496

Colour: White. A/C: Insured / Std / NI / NA

Sp.Reading: 95377 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6BN22A8J0201097

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: 205/60R16

R: 205/60R16

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.	28/04/25

Survey held at Chia Auto

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
	LS $1300, 2 days (Red $4456, 77%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during 1st Survey : Yes ( ) No ( )

Date/Time, File Pass to? 1) 23/06 Typist

Date/Time, File Return to? 2)

Report Format : TP

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + P.S. $

Photos

Others