

REF: CS/FCI23005093/Avy3

ASSIGNMENT

From: _____ Date: _____
 Estin ~~ated~~ Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To In ~~sed~~ Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: **SBS 6411J**
 Policy No. _____
 Claims No. **D23001750MFBP**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	U/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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: **SLK6869P** Yr Regn: **2017, July**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Toyota CHR** c.c. **1757**
 Colour: **Brown** A/C: Insured / Std / NI / NA
 Sp. Reading: **114577.** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **2X102039928**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modif: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: **225/55R17.**
 R: **225/55R17.**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Giti**

Front		Rear	
R/Bal. 26	mm	R/Bal. 26	mm
L/Bal. 26	mm	L/Bal. 26	mm
D.O.A. 17/5/2023		D.O.I. 19/05/23	

Survey held at

Automobile Hub.

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

Reas N/S.

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

Date / Time	Action / Instruction
	TP 1st Cap
6/7/23	Adrian confirmed lump sum \$1600 (Red 2070.95, 56%)
	COE Expiry :
	Estimate given during : Yes ()
	1st Survey : No (✓)
	MV :
	PV :
	Nett :
	9306.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **6/7/23-typist**Days Of Repair: **3**

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

130**50****50****19****249**Report Format: **TP**Lump Sum / R.P.P. **LS \$1600**