

REF: CS/INC24080485/Avh3

ASSIGNMENT

Front: _____ Date: _____

Estim: ~~Estim~~ _____OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MVTo In ~~Vehicle~~ No: _____at ~~Work~~ / ~~Job~~ / ~~Site~~ / ~~Home~~ / ~~Office~~ / _____

or _____

Insured: **SNJ 2104C**

Policy No: _____

Claim's No: **MT/1292247-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repair: _____ 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: **SNJ3019J** Yr Regn: **2023 Jan.**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda Freed** C.D. **1496**Colour: **Grey** A/C: Insured / Std / NI / NASp. Reading: **111128** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **G873159242**Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **195/65R15**R: **195/65R15**

BS / DUN / EXNOVA / GY / FR / IIZA / MIC / QHTSU / PIR / SUMI /

TOYO / YOKO or **Goddard**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **24/8/2024** D.O.J. **28/08/24**Survey held at **M6 Solution**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	COE Expiry: _____
12/9/24	LS \$6850 confirmed by email (Red 9253.68, 57%)	
		Estimate given during: Yes (✓) / No ()
	MV:	1st Survey
	PV:	
	Nett:	

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: **7**

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

Report Form: _____

Report Form: _____