Assr: Ref By:

REF: CS/INC24060142/Avh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To Insp Vehicle No:

at Workshop/s

of

Insured: GBF 5901L

Policy No.

Claim's No. MT/1281876-002

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	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SNQ3859P Yr Regn: 2024, April

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

Make: Toyota Noah Hybrid c.c. 1797

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

Sp.Reading 15750 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR900150905

Gen. Condn: 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.	13/6/2024	D.O.I.	19/06/24

Survey held at Ryder

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
16/1/25	Adrian confirm LS $5000 (red 8402.54, 62%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (✓)

1st Survey : No ( )

8481

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Report Format :

Days Of Repair: 6

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + RS SI

Photos

Others