REF: CS/INC24090139/Avh3

ASSIGNMENT

From: Date:

Estin/Cust:

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

To in Vehicle No:

at Workshop/s

of

Insured: SJM 1089B

Policy No:

Claims No: MT/1289716-001

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: SLD1778U Yr Regn: 2018, August.

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

Make: Mercedes Benz GLA200 c.c 1595

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

Sp.Reading: 122518 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC1569432J477741

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 285/40R19.

R: 285/40R19.

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. 6/8/2024 D.O.I. 30/09/24.

Survey held at: Sin Yu Sin.

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.
15/1/25	Adrian confirmed LS $5800 (Red 14,573.55, 71%)
	MV:
	PV:
	Nett:

COE Expiry:

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

STC

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format:

Days Of Repair: 5

Resurvey No. of Trip:

Addl Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation:

S + RS S

Photos

Others