

REF: CS/INC24090266/Avh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in Vehicle No: _____

at W/O _____

of _____

Insured: **SJV 2879J**

Policy No: _____

Claim's No: **MT/1294758-002**

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 | C/S |
| | |

Bal. or Market Value: _____

IDAC Accident Report 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: **SMK 4718A** Yr Regn: **2010, Dec**

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

Truck / Trailer or

Make: **Mercedes Benz C200** C.D. **1796**

Colour: **Bronze** A/C: Insured / Std / NI / NA

Sp. Reading: **135557** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WPD2040482.A474713**

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: **225/45R17**

R: **225/45R17**

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. **11/9/2024** D.O.I. **16/09/24**

Survey held at **KT Motorwerk**

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 |
| 5/2/25 | Adrian confirmed LS \$7800 (Red 19,154.41, 71%) |
| | COE Expiry: 26/12/2030 |
| | Estimate given during: Yes (✓) |
| | 1st Survey: No (✓) |
| | MV: |
| | PV: |
| | Nett: |
| | 790E |

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **8**

Resurvey No. of Trip: _____

Addl Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS. \$1 _____

Photos _____

Others _____

Report Format: _____

Report Form: _____