REF: CS/INC24090285/Avh3

ASSIGNMENT

From: Date:

Estimate Cost:

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

To in Vehicle No:

at Workshop:

of

Insured: SLH 7421M

Policy No

Claims No MT/1295558-001

Sum Ins: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Report: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLD3398U Yr Regn: 2016, March.

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

Make: Toyota Vellfire C.C 2494

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

Sp.Reading: 319419 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: JTNGF3DH908004365

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

Steering: In(o)rder / Jammed / Leaked / Burnt or

Brake: In(o)rder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/55R18.

R: 235/55R18

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm

D.O.A. 14/9/2024 D.O.I. 17/09/24

Survey held at JL Perfect.

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 : ✓
6/12/24	Adrian confirmed LS $9950 (red 18,969.43, 65%)
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV :
	PV :
	Nett :
	397C

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

1)

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: $ + R$ $

Photos

Others