

REF: CS/INC24090290/Avh3

ASSIGNMENT

Front: _____ Date: _____

Estimate: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MVTo in ~~Vehicle~~ No: _____at ~~W/O~~ ~~km/s~~ _____

of _____

Insured: **GBJ 4394K**

Policy No: _____

Claims No: **MT/1295365-001**

Sum Insured: _____ Excess: _____

(Client Record)

Make of Vehicle: _____

(Policy Condition)

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

N/S	O/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: **SK4699T**Yr Regn: **2015, June**Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Volkswagen Golf** C.O. **1197**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **74333** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WVWZZZAUZFw332057**Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **205/55R16**R: **205/55R16**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRY SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **06** mmR/Bal. **06** mmL/Bal. **06** mmL/Bal. **06** mmD.O.A. **13/9/24**D.O.I. **17/09/24**

Survey held at

Twin CarDes. of Damages: Frnt / 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**19/11/24** Adrian confirmed LS \$6000 (Red 28,733.97, 82%)

COE Expiry: _____

Estimate given during: Yes ☒ C1st Survey: No ☐ CMV: **1.4K**PV: **7.6K**Nett: **6.4K**

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **9**

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

3 + RS \$ _____

Photos

Others

Report Format:

Report Form: _____