REF: CS/INC24100087/Avp3

ASSIGNMENT

From: Date:

Estm/Est:

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

To in Vehicle No:

Veh No: SLH 4279C | Yr Regn: 2016, Nov

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

Make: Toyota Axio | C.C 1496

Colour: Beige | A/C: Insured / Std / NI / NA

Sp.Reading: 179664 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NKE165 7136810

Gen. Cond: 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: 195/50R16 R: 195/50R16

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

Insured: SCA 8888L

Policy No:

Claims No: MT/1297862-002

Sum Insured: Excess:

(Client 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 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

Vehicle: IN / OUT

Date: Person Contacted:

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

D.O.A. 30/9/2024 D.O.I. 25/10/24.

Survey held at Hua Meng

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
7/11/24	Adrian confirmed LS $1500 (Red 4419.07, 74%)
	MV:
	PV:
	Nett:

COE Expiry: ✓

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

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

1) [ ]: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: [ ]: Site Insp ($)

[ ]: Interview ($)

[ ]: Tech. Inves ($)

Survey Fee:

Transportation: ___$ + R$___$

Photos

Others

Report Format: