REF: CS/INC24100159/Avh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To Inspect Vehicle No:

at Workshop/s

at

Insured: SNK 4841P

Policy No

Claims No: MT/1285293-002

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	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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBC9559G Yr Regn: 2013, July.

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

Make: Toyota Hiace c.c 2982

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 416827 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P1001150S9

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: 195R15C

R: 195R15C

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. 7/7/2024 D.O.I. 08/10/24

Survey held at Ryders.

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
16/1/25	Adrian confirmed LS $2200 (red 1721.15, 43%)
	MV :
	PV :
	Nett :

COE Expiry : 15/07/2028.

Estimate given during : Yes ( )

1st Survey : No ( )

280L

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : ( )

Survey Fee:

Transportation: 3 + RS. SI

Photos

Others