

REF: CS/INC24100252/Avh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MVTo in Vehicle No: _____at W/O _____

of _____

Insured: **SLG 9754U**

Policy No: _____

Claim's No: **MT/1299108-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SDU 9898J** Yr Regn: **2017, July**Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Prius** C.S. **1797**Colour: **Silver** A/C: Insured / Std / NI / NASp. Reading: **258529** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **2VW 506042390**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 orTyre Size: F: **195/65R15**R: **195/65R15**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **ob** mm R/Bal. **ob** mmL/Bal. **ob** mm L/Bal. **ob** mmD.O.A. **10/10/2024** D.O.I. **15/10/24**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
19/1/25	Adrian confirmed LS \$7400 (Red 13,297.08,64%)
	COE Expiry :
	Estimate given during : Yes (✓)
	1st Survey : No ()
	MV :
	PV :
	Nett :
	184K

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: **6**

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

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

Survey Fee:

Transportation:

3 + R.S. \$1

Photos

Others

Report Format: _____

Report Date / Time / File