

REF: CS/INC24100359/Avh3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Est: \_\_\_\_\_  
 OD / TP RES / CD RES / EVA / INV / MV  
 To in Vehicle No: \_\_\_\_\_  
 at W/O \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **SNR 8872L**  
 Policy No: \_\_\_\_\_  
 Claims No: **MT/1300658-001**  
 Sum Insured: \_\_\_\_\_ 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. 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: **SFL268K** Yr Regn: **2019, Oct.**  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Skoda Superb** C.D. **1984**  
 Colour: ~~Green~~ **BLUE** A/C: Insured / Std / NI / NA  
 Sp. Reading: **76323** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **TMBBDTNPIK7032560**  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: **235/40R19**  
 R: **235/40R19**  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /  
 TOYO / YOKO or **Giti**  
 Front Rear  
 R/Bal. **06** mm R/Bal. **06** mm  
 L/Bal. **06** mm L/Bal. **06** mm  
 D.O.A. **12/10/24** D.O.I. **22/10/24**  
 Survey held at **NSI**  
 Des. of Damages: Frit / Rear / O/S N/S / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<b>TP INC</b>
<b>19/11/24</b>	<b>Adrian confirmed LS \$2600 (Red 3800.52, 59%)</b>
	MV: _____
	PV: _____
	Nett: _____

COE Expiry: \_\_\_\_\_  
 Estimate given during: Yes (✓)  
 1st Survey: No ( )

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

Days Of Repair: **3**  
 Resurvey No. of Trip: \_\_\_\_\_

1) Date/Time, File Return to?  
 2) \_\_\_\_\_

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

Survey Fee:

Transportation:	_____
3 + PR:	_____ \$1
Photos	_____
Others	_____

Report Format: \_\_\_\_\_  
 \_\_\_\_\_