Ass. by: REF: CS/INC24110066/Avp3

ASSIGNMENT

From: Date:

Estim Cost:

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

To in Vehicle No:

at Workshop/s

of

Insured: SLA 9541Z

Policy No.

Claims No. MT/1302352-002

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 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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SDR2929R Yr Regn: 2018, Oct.

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

Make: Toyota Noah Hybrid c.c 1797

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

Sp.Reading 184290 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR80033766

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: 215/50R17

R: 215/50R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / 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.	30/10/2024	D.O.I.	05/11/24

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 $4050 (red 20,891.55, 83%)
	MV :
	PV :
	Nett :

COE Expiry :

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

271C

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

Survey Fee:

Transportation: S + R.S. SI

Photos

Others

Report Format :