Asst. Sign: REF: CS/INC24110219/Avh3

ASSIGNMENT

From: Date:

Estim. Cost:

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

To in Vehicle No:

at W/O Workshop/s

of

Insured: FBQ 7013D

Policy No.

Claims No. MT/1301433-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SLR9329G Yr Regn: 2017, August.

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

Make: Toyota Prius C.C 1797

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

Sp.Reading 580865 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZVW40002606 3

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: 205/60R16

R: 205/60R16

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:

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.	25/10/24	D.O.I.	12/11/24.

Survey held at NSI

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. COE Expiry :
20/12/24	Adrian confirmed LS $4200 (Red 6241.13, 59%)
	Estimate given during 1st Survey : Yes (✓) No ( )
	MV :
	PV :
	Nett :

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. Inv ($)

Report Format :

Survey Fee:

Transportation: $ + R$ $

Photos

Others