

REF: CS/INC24110220/Avh3

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: SLA 4418E

Policy No: _____

Claims No: MT/1303709-001

Sum Insured: _____ Excess: _____

(Client Record)

Make of Vehicle: _____

(Policy Condition)

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

N/S	O/S

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: SN06280G

Yr Regn: 2023 / July

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

Truck / Trailer or

Make: Kia Niro

C.D. 1580

Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 31688

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNACT81EVR5107346

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: 205/60R16

R: 205/60R16

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

TOYO / YOKO or Nexen

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 11/11/2024

D.O.I. 12/11/24

Survey held at Twincar

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

20/12/24 Adrian confirmed LS \$5800 (Red 7415.60, 56%)

COE Expiry

Estimate given during: Yes (✓)

1st Survey: No (✓)

MV:

PV:

Nett:

806H

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 6

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invt (\$

Survey Fee:

Transportation:

Photos

Others

Report Format:

Report Format / L.P. / C.