Assr. Sign: Ref: CS/INC24110280/Avh3

ASSIGNMENT

From: Date:

Estm Cost:

OD / PD / TP RES / CD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/s

at

Insured: FN 8173L

Policy No

Claim's No: MT/1302917-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

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: SNK7899D Tr Regn: 2020 / June.

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

Make: Volkswagen Passat c.c 1798

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

Sp.Reading 97209 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVW ZZZ3CZKE 121718

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: 215/55R17.

R: 215/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	5/11/2024	D.O.I.	15/11/24.

Survey held at Advance.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear O/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC.
14/6/25	Adrian confirmed LS $3000 (Red 5297.35, 63%)
	MV :
	PV :
	Nett :

COE Expiry :

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

973C

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

Report Format :