Assd. Sign: REF: CS/INC24110319/Avh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To Inspect Vehicle No:

at Workshop/s

at

Insured: GBL 1401H

Policy No

Claim's No. MT/1304182-002

Sum Insured: Excess:

(Client's Record)

Make of Veh

(Policy Condition)

Remark: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMD3138S Yr Regn: 2018 / July.

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

Make: Lexus NX300 c.c. 1998

Colour Grey, A/C: Insured / Std / NI / NA

Sp.Reading 150611 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTJBARBZ702176079

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/60R18

R: 225/60R18

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. 14/11/2024 D.O.I. 15/11/24

Survey held at N51

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

Front N/S.

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

Date / Time	Action / Instruction
	TP INC
20/12/24	Adrian confirmed LS $10,700 (Red 7476.15, 41%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (/)

1st Survey : No ( )

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 4

Resurvey No. of Trip:

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

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

Report Format :