

REF: CS/INC24120027/Avh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MVTo in Vehicle No: _____at W/O _____

of _____

Insured: **SJE 2423E**

Policy No: _____

Claims No: **MT/1306790-001**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Val: _____

(Policy Condition)

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

N/S	O/S

Bel. or Market Value: _____

IDAC Accident Report _____ 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: **SL69899K** Yr Regn: **2016 / Ayrnt.**Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Volkswagen Jetta** C.D. **1380**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **243468** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WVW 222162GM005255**Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **205/55 R16**R: **205/55 R16**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **29/11/2024** D.O.I. **03/12/24**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
20/2/25	Adrian confirmed LS \$6200 (Red 37,078.68, 85%)
	COE Expiry
	Estimate given during : Yes (✓)
	1st Survey : No ()
	MV : 301K
	PV : 189K
	Nett: 11.1K
	992K

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: **6**

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invt (\$ _____)

Survey Fee:

Transportation:

B + R8. \$1

Photos

Others

Report Format: _____

Report Form / L.P. P. C.