

REF: CS/INC24120268/Avh3

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

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

To in _____ Vehicle No: _____

at W/O _____

of _____

Insured: **FBT 5194J**

Policy No: _____

Claims No: **MT/1308434-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: The 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. 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: **SKN4200J** Yr Regn: **2014 / June**Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Toyota Estima** C.D. **2362**Colour: **Silver** A/C: Insured / Std / NI / NASp. Reading: **154137** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **ACR500165489**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: **235/45R18**R: **235/45R18**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. **14/12/2024** D.O.I. **18/12/24**Survey held at **Ryder**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

21/2/25 Adrian confirmed LS \$6400 (Red 4390.30, 40%)

COE Expiry: **31/05/2034**

Estimate given during: Yes (✓)

1st Survey: No ()

MV:

PV:

Nett:

555F.

Date/Time, File Pass to?

☐

Prel. Report

Days Of Repair: **7**

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$

Photos

Others

Report Format:

Report Form / P. 10