

REF: CS/INC24120283/Avh3

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

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

of _____

Insured: **SKP 9524G**

Policy No: _____

Claims No: **MT/1308914-001**

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: The veh 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: **SNL3050G** Yr Regn: **2023 / June**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda Freed Hybrid** **1496**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **82177** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GB73150771**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: **185/65 R15**R: **185/65 R15**

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

TOYO / YOKO or

Ceat

Front

Rear

R/Bal. **06** mmR/Bal. **06** mmL/Bal. **06** mmL/Bal. **06** mmD.O.A. **13/12/2024**D.O.I. **19/12/24**Survey held at **Elite Restoration**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 \$5600 (red 13,487.20, 70%)**

COE Expiry: _____

Estimate given during: Yes **C** /1st Survey: No **C** /

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)☐ : _____Days Of Repair: **7**

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + P.S. \$1

Photos

Others

Report Format: _____

Main Form / P.P. / C