Asst. Sign: REF: CS/INC24070344/Avh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To Inspect Vehicle No:

at Workshop/s

of

Insured: SLW 9964X

Policy No

Claim's No: MT/1287245-003

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: GBX900X. Yr Regn: 2019 Dec

Tyre: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Hiace DX c.c 2754

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 109361 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GDH201103HA11

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: 195R15C

R: 195R15C.

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.	20/7/2024	D.O.I.	23/7/24.

Survey held at Twin Car

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
14/10/24	Adrian confirmed LS $15,400 (Red 16,435.58, 51%)
	MV :
	PV :
	Nett :

COE Expiry :

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: ___$ + RS.___SI

Photos

Others

Report Format :

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