

REF: CS/INC24070365/Avh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

of _____

Insured: **SMA 6252R**

Policy No. _____

Claims No. **MT/1287220-002**

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 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: **SMT7259R** Yr Regn: **2020, July**Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

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

Eng/No: _____

C/No: **GP72000331**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: **195/55R15**R: **195/55R15**

BS / DUN / EXNOVA / GY / FS / L / ZA / 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. **21/7/2024** D.O.I. **24/07/24**Survey held at **One Garage**Des. of Damages: Front / 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

20/1/25 Adrian confirmed LS \$31,300 (red 20,733.24, 39%)

COE Expiry

Estimate given during: Yes ()

1st Survey: No ()

MV: **98K**PV: **31K**Nett: **67K****177B**

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **24**

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS \$1 _____

Photos

Others

Report Format: _____

Report Form / R / P / C