Assr: Surv: REF: CS/INC24070403/Avh3

ASSIGNMENT

From: Date:

Estim: Cost:

OD / TPFTNS / TP RES / OD RES / EVA / INV / MV

To Insp: Vehicle No:

at Workshop/s

of

Insured: SMG 9370G

Policy No.

Claim's No. MT/1287301-002

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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: PC7649C Yr Regn: 2018, Dec

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Mini Bus

Make: Toyota Hiace Commuter c.c 2982

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 311325 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFST22P0000 38180

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: 195 R15C

R: 195 R15C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Habilead

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	22/7/2024	D.O.I.	25/07/24

Survey held at NSI

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC.
14/10/24	Adrian confirmed LS $2500 (Red 4874.53, 66%)
	MV :
	PV :
	Nett :

COE Expiry :

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

806W

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inv ($)

☐ : Miscellaneous ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Others