

REF: CS/INC24070432/Avh3 (N)

ASSIGNMENT

From: _____ Date: _____
Estim: _____
OD / TP RES / CD RES / EVA / INV / MV
To In Vehicle No: _____
ai W: _____
of _____
Insured: SKV 1606A
Policy: F/A
Claims: MT/1286578-002
Sum: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SKF9980E Yr Regn: 2018, Sept.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mercedes Benz S320 CC 2996.
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 126671 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WDD2221622A42 7764
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Good / Jammed / Leaked / Burnt or
Brake: Good / Jammed / Leaked / Burnt or
Mod: Nil S/Rim / STD A/Rim or
Tyre Size: F: 275/40R19.
R: 275/40R19.

Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repair: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____

N/S	O/S

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. 16/7/2024 D.O.I. 29/07/24.
Survey held at KT Motorswerk
Des. of Damages: Fnt / 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
14/1/26	Adrian finalize LS \$1500 (Red 20,412.96, 93%)
	MV: _____
	PV: _____
	Nett: _____
	COE Expiry: _____
	Estimate given during: Yes () 1st Survey: No (✓)
	498B.

Date/Time, File Pass to? : Preli. Report
1) : Final Report
Date/Time, File Return to?
2) _____
Days Of Repair: 3
Resurvey No. of Trip: _____
Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)
Survey Fee: _____
Transportation: _____
S + PS: \$ _____
Photos _____
Others _____