REF: CS | INC 24080107 | Avh3

ASSIGNMENT

From: Date:

Estm Cost:

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

To in Vehicle No:

at W m/s

of

Insured:

Policy No:

Claims No:

Sum Ensured: 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: SJM1089B Yr Regn: 2008, Dec.

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

Make: Suzuki Swift. CC 1328

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

Sp.Reading: 36/513 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JSAEZC11S00407383.

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: 175/65R14.

R: 175/65R14.

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

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 6/8/24

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 07/08/24.

Survey held at HD Perfect

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. COE Expiry: 21/12/2028.
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV: 50K
	PV: 12.1K
	Nett: 37.9K
	620J.

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) ___S + RS.___SI

[ ] : Interview ($) Photos

[ ] : Tech. Inve ($) Others

Survey Fee:	
Transportation:	
Photos	
Others	