

ASS. REC. BY:

REF:

CS/INC22011496/Any3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. **MT/1197047-002**

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **4** 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:

SC71311B

Yr Regn:

2017, AugustType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Civic

c.c.

1498

Colour

Red

A/C: Insured / Std / NI / NA

Sp. Reading

68747

T/Radio: Insured / Std / NI / NA

Eng/No:

MRH FC1660HT*000224Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/45R18

R:

225/45R18BS / 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.

D.O.I.

16/11/22

Survey held at

Detail LabDes. 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

Adrian confirmed lump sum: \$3650 and 4 days

MV:

~~(red, \$2375, 33%)~~

PV:

~~(red, 4540, 55%)~~

Nett:

929C

Date/Time, File Pass to?



Prel. Report

1) 10/02/23



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

3 + RS + SI

Photos

Others

Add Fee:



Site Insp: (\$)



Interview: (\$)



Total: (\$)

Report Form:

tp

3650

3650