

ASS. REC. BY:

REF: CS/INC23001946/Avy3

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: **SLV 4374L**

Policy No. _____

Claims No. **MT/1210634-002**

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: _____ 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: **SMG 78K** Yr Regn: **2021 / March**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Volkswagen Tauran** c.c. **1395**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **19154** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WVG2221TZLW055496**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: **215/55R17**R: **215/55R17****BS** / DUN / EXNOVA / GY / FS / LIZA / 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. **19/2/2023** D.O.I. **21/02/23**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.
20/4/23	Adrian confirmed LS \$1200 (red 4251.07, 77%)
	MV :
	PV :
	Nett :
	978E

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) **20/4/23-typist**Days Of Repair: **2**

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

____ S + RS. ____ SI

Photos

Others

Report Format: **TP**