

ASS. NO. BY:

REF:

CS/INC23002257/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: **SMZ 9479C**

Policy No. _____

Claims No. **MT/1211445-003**

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: **SLP9569R** Yr Regn: **2017, June**

Type: **M.Car** M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda Shuttle** C.C. **1496**

Colour: **Black** A/C: Insured / Std / NI / NA

Sp. Reading: **136411** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GK81103015** *

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: **185/60R15**

R: **185/60R15**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **Arivo**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **25/2/2023** D.O.I. **02/03/23**

Survey held at **Auto United**

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.
15/5/23	Adrian confirmed LS \$15,000 (Red 14,484.86, 49%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: **11**

Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

Report Format: **TP**

Insured Sum / L.P. / C: **LS \$15,000**