ASS. REC BY: REF: CS/INC23004243/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: SDT 2282L

Policy No.

Claim's No. MT/1219799-001

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 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: SLW4795. Yr Regn: 2018 / Feb.

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

Truck / Trailer or

Make: Honda HRV c.c 1456

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 75325. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRU1830GX*203655

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: 215/60R16.

R: 215/60R16.

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.	21/4/2023	D.O.I.	25/04/23.

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.
13/7/23	Adrian confirmed lump sum $6800 (Red 11,698.16, 63%)
	MV :
	PV :
	Nett :
	725A.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 13/7/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

Report Format : TP

Repair Sum / PR Fee : LS $6800