

ASS. REP. BY:

REF: CS/INC23004590/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured **SMW 6970K**

Policy No. _____

Claims No. **MT/1221154-002**

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: **SND9608** Yr Regn: **2021, Oct**

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

Truck / Trailer or _____

Make: **Hyundai Avante** c.c. **1598**

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

Sp. Reading: **20224** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHLN41ETNG241352**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or _____

Brake: **In order** / Jammed / Leaked / Burnt or _____

Modif: **Nil** / S/Rim / STD A/Rim or _____

Tyre Size: F: **205/55R16**

R: **205/55R16**

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

TOYO / YOKO or **Hankook**

Front _____ Rear _____

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

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

D.O.A. **3/5/2023** D.O.I. **05/05/23**

Survey held at **JL 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.
20/6/23	Adrian confirmed lump sum \$7600 (Red 15,329.28, 66%)
	COE Expiry :
	Estimate given during : Yes ()
	1st Survey : No ()
	MV :
	PV :
	Nett :
	133I

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

1) : Final Report

Date/Time, File Return to? _____

2) **20/6/23-typist**

Report Format: **TP**

Amount Paid / R.P.F. / LS **\$7600**

Days Of Repair: **6**

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

Photos _____

Others _____