REF: CS/INC24080437/Avh3

Assg. by:

ASSIGNMENT

From: Date:

Estm. cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Insd. Vehicle No:

at W'Shop/s

of

Insured: SLK 7653U

Policy No.

Claims No: MT/1291777-002

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 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: FBR1848X Yr Regn: 2020, March.

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

Make: Yamaha XMAX 300 cc 292

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

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

Eng/No:

C/No: MH3SH084ZLK00

Gen. Condn: 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: 120/70R15

R: 140/70R17

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.	0 mm	L/Bal.	mm
D.O.A.	21/8/2024	D.O.I.	27/08/24

Survey held at MS Car.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or front

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC COE Expiry :
10/4/25	Adrian confirmed LS $3400 (red 5202.60, 60%)
	Estimate given during : Yes ( ) / No (✓)
	MV : 1st Survey
	PV :
	Nett :
	0221.

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Report Format :

Days Of Repair: 4

Resurvey No. of Trip:

Addl Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Inve ($)

Survey Fee:	
Transportation:	$ + R$ $
Photos	
Others	