REF: CS/INC24090047/Avh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To Inspect Vehicle No:

at W/O Bldg/m/s

of

Insured: SMY 8552K

Policy No

Claim's No: MT/1293403-002

Sum Ens Insd: Excess:

(Client's Record)

Make of Veh

(Policy Condition)

Remark: 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: SLA 3548U Yr Regn: 2016 / Feb.

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

Make: Mazda 5 c.c 1998

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

Sp.Reading 173634 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6CW1071G0123309

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: 195/55R16.

R: 195/55R16

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.	2/9/2024	D.O.I.	04/09/24.

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
19/1/25	Adrian confirmed LS $5500 (red 8488.48, 60%)
	MV : 28K.
	PV : 17.21C
	Nett : 10.8K

COE Expiry :

Estimate given during : Yes (✓)
1st Survey : No ( )

739I.

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

Date/Time, File Return to? 2)

Report Format :

Days Of Repair: 6

Resurvey No. of Trip:

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

Survey Fee:

Transportation: $ + RS. SI

Photos

Others