Asst. Supt: REF: CS/MSG24100077/Avp3

ASSIGNMENT

From: Date:

Estim. Cost:

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

To in Vehicle No:

at W/Shop m/s

of

Insured: SJM 183T

Policy No: 1001245254

Claims No: 372810

Sum Ins Ust: 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: SKZ3598E Yr Regn: 2016/Jan

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

Make: Renault Fluence C.C 1461

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

Sp.Reading 102604 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1LZLF0E53997589.

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: 205/55R17.

R: 205/55R17.

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. 8/9/2024 D.O.I. 04/10/24

Survey held at Modern.

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

Front o/s.

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

Date / Time	Action / Instruction
	TP MSIG.
11/2/25	LS $3000 (Red 5993.25, 66%
	MV : 19K
	PV : 11.2K
	Nett : 7.8K

COE Expiry :

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

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

Date/Time, File Return to? 2)

Days Of Repair: 4

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + R.S. SI

Photos

Others

Report Format :

[illegible]