Asst. Surv'r: REF: CS/INC24100113/Avp3

ASSIGNMENT

From: Date:

Estim Cost:

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

To Inspect Vehicle No:

at Workshop/s

of

Insured: SMS 914J

Policy No.

Claims No. MT/1298032-002

Sum Ens ured: 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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SNR105QM Yr Regn: 2017, Feb.

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

Make: Honda Civic c.c 1597

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

Sp.Reading 118328 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC5650GT000927

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: 215/55R16.

R: 215/55R16.

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.	1/10/2024	D.O.I.	04/10/24

Survey held at TSL

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 COE Expiry :
20/1/25	Adrian confirmed LS $5500 (red 8261.76, 60%)
	Estimate given during : Yes (✓) / No ( )
	MV : 1st Survey
	PV :
	Nett :
	650Z

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

Date/Time, File Return to? 2)

Report Format :

Days Of Repair: 7

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + RS SI

Photos

Others