

REF: CS/INC24110016/Avh3

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MVTo in ~~Vehicle~~ NO: _____at ~~Work~~ / s _____

of _____

Insured: CB 2929L

Policy No _____

Claims No MT/1302093-002

Sum Insured _____

Excess: _____

(Client's Record)

Make of Vch _____

(Policy Condition)

N/S	O/S

Remark: Therah had commenced its repair at the time of inspection.

Bal. or Metal Value: _____

IDAC Accident Report _____ 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: SMW3459RYr Regn: 2020, NovType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mit OutlanderC.D. 1998Colour Bronze

A/C: Insured / Std / NI / NA

Sp. Reading 54729

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GF7W0700674.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R18R: 225/55R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mmD.O.A. 29/10/2024D.O.I. 01/11/24Survey held at Fong MSL

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

9/3/25 IPINC Adrian confirmed LS \$14,700 (red 11,871.20, 44%)

COE Expiry: _____

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

MV: _____

PV: _____

Nett: _____

9932

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 12

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

3 + RS. \$1 _____

Photos _____

Others _____

Report Format: _____

Report Form / R.P. / C