REF: CS/INC24110064/Avp3

ASSIGNMENT

From: Date:
Estim Cost:
OD / TP INS / TP RES / OD RES / EVA / INV / MV
To in Vehicle No:
at W/Sh Rms
of
Insured: SMA 8124P
Policy No
Claims No MT/1302612-002
Sum Insured: Excess:
(Client's Record)
Make of Veh
(Policy Condition)

N/S	O/S

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

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: SMU8769Z. Yr Regn: 2015, Nov
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Volkswagen Golf. C.C 1395
Colour Grey. A/C: Insured / Std / NI / NA
Sp.Reading 324707 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: WVWZZZAUZFW193527
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: 235/40R18.
R: 235/40R18.
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Front R/Bal. 06 mm L/Bal. 06 mm
Rear R/Bal. 06 mm L/Bal. 06 mm
D.O.A. 2/11/2024 D.O.I. 05/11/24
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 COE Expiry:
18/4/25	Adrian confirmed LS $6500 (red 22,413.86, 77%)
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV: 18K.
	PV: 11.4K
	Nett: 6.6K
	578E

Date/Time, File Pass to? [ ]: Preli. Report
1) [ ]: Final Report
Date/Time, File Return to?
2)

Days Of Repair: 5
Resurvey No. of Trip:
Survey Fee:
Transportation: __S+RS.__SI
Photos
Others

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

Report Format: