Asst. Supervisor: REF: CS/INC24110205/Avh3

ASSIGNMENT

From: Date:

Estimate Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured: SKW 9267L

Policy No:

Claims No: MT/1303146-002

Sum Insured: 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: YR9699 Yr Regn: 2023, Oct.

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

Make: Hino XZU710R c.c 4009.

Colour: white A/C: Insured / Std / Nil / NA

Sp.Reading: 26307 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: JHHUCV3F30K051712

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: 195/85 R16

R: 195/85 R16

(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.	7/11/2024	D.O.I.	13/11/24.

Survey held at: KT motorwerk

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

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

Date / Time	Action / Instruction
	TP INC
5/2/25	Adrian confirmed LS $1200 (Red 25,500.02, 95%)
	MV :
	PV :
	Nett :

COE Expiry :

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

387A.

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inv ($)

Survey Fee:

Transportation: S + R.S. SI

Photos

Others