Asst. Surv: REF: CS/INC24110368/Avh3

ASSIGNMENT

From: Date:

Estimate Amount:

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

To Insured Vehicle No:

at Workshop/s

of

Insured: GBD 5114C

Policy No.

Claims No. MT/1303831-002

Sum Insured: Excess:

(Client 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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJX8548P Yr Regn: 2010, July.

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

Make: Kia Cerato Forte C.C 1591

Colour Blue A/C: Insured / Std / Nil / N.A

Sp.Reading 178593 T/Radio: Insured / Std / Nil / N.A

Eng/No:

C/No: KNAFW411MAS192344.

Gen. Condn: 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: 215/45 R17

R: 215/45 R17

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.	9/11/2024	D.O.I.	16/12/24.

Survey held at JFC

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 : 15/07/2025.
9/3/25	Adrian confirmed lump sum $2500 (Red 7639.50, 75%)
	Estimate given during 1st Survey : Yes ( ) No (✓)
	MV : 6K
	PV : 1.9K
	Nett : 4.1K
	135H

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: B + R.S. S

Photos

Others