Asst. Sgt: REF: CS/INC24110475/Avh3

ASSIGNMENT

From: Date:

Estm Cost:

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

To inspect Vehicle No:

at Workshop/s

of

Insured: FBA 7636R

Policy No.

Claim's No. MT/1305310-001

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: 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: SUS520L Yr Regn: 2024, May

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

Make: Honda RS-X c.c 149

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

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

Eng/No:

C/No: PMKKC43E0PB120454

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: 90/80R17

R: 120/70R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or CS

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	20/11/2024	D.O.I.	22/11/24

Survey held at JEC

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
13/4/25	Adrian confirmed LS $2600 (red 3422.60, 56%)
	MV : 9.8K (RM)
	PV : 1K (RM)
	Nett : 8.8K (RM) ≈ 3K

COE Expiry :

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

Date/Time, File Pass to? 1) Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Days Of Repair: 4

Resurvey No. of Trip:

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

Survey Fee:

Transportation: $ + RS $

Photos

Others