Asse. by: REF: CS/INC24110524/Avh3

ASSIGNMENT

From: Date:

Estimate Cost:

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

To inspect Vehicle No:

at Workshop/s

of

Insured: FY 9396X

Policy No MT/1301413-002

Claim s No:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLZ978A Yr Regn: 2018, April

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

Make: Nissan Note C.C 1198

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 45715 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1TAAE12Z0980380

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: 185/65 R15

R: 185/65R15

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.	11/9/2024	D.O.I.	26/11/24

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
20/2/25	Adrian confirmed LS $1100 (red 9606.16, 89%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes ( ) No ( )

1st Survey

606C

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: __$ + RS__$

Photos

Others

Report Format :