(08/11/13) wef

ASS. REC. BY:

REF: CS/INC24120111/Avh3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: WD 6001P

Policy No.

Claims No. MT/1307288-002

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJW 1999Y Yr Regn: 12 / 2019

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

Make: Mazda 3 c.c 1496

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

Sp.Reading 38751 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6BP2SAAK * 1101491

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: 215/45 R18

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 5/12/2024 D.O.I. 9/12/2024

Survey held at

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

rear portion and o/s body

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

Date / Time	Action / Instruction
27/3/25	Adrian confirmed LS $20,800 (Red 29,836.32, 58%)

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

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 18

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:

Transportation: ___S + RS___SI

Photos

Others

TOTAL