Asst. Ref:

REF: CS/ICS24120219/Avh3

ASSIGNMENT

From: Date:

Estim Cost:

OD / PAS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/s

of

Insured: SKZ 8489M

Policy No:

Claims No: DMPU2400092H/02/ST

Sum Insured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

Remark: Veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Metal Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repair: 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: XE4820M Yr Regn: 2019, April

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

Make: Scania P30A4X2NZ C.C 12742

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

Sp.Reading 195773 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YS2P4X20005540348

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: 295/80R22.5

R:

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	11/12/2024	D.O.I.	24/07/25.

Survey held at N51

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

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

Date / Time	Action / Instruction
	TP ECICS.
17/4/25	Adrian confirmed LS $2600 (Red 14,026.50, 84%)
	MV :
	PV :
	Nett :

COE Expiry :

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

Date/Time, File Pass to? 1)

: Preli. Report

: Final Report

Date/Time, File Return to? 2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

Report Format :