REF: CS/FCI23000359/Avy3

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: GBF 9608H

Policy No:

Claims No: D23000164MFCV

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: SMK5358Z Yr Regn: 2019, April

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

Make: Honda Shuttle. c.c 1496.

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

Sp.Reading 37785. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK82001416.

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: 185/55R16.

R: 185/55R16.

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. 10/1/2023 D.O.I. 11/01/23.

Survey held at JL 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 1st Cop.
20/3/23	Adrian confirmed LS $5400 (red 9750.72, 64%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 21/3/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

5x15=75

Survey Fee:	170+75
Transportation:	50
3+PR ___ $I	50
Photos	66
Others	
	411

QSP 22/3/23

Report Format : TP

LS $5400