ASS. REC. BY: REF: CS/INC23005185/Avp3

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: GBC 9966P

Policy No.

Claims No. MT/1221121-001

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: SLR5240D Yr Regn: 2017, August.

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

Make: Honda Vezel C.C 1496.

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

Sp.Reading 125041 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU11206244

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: 225/60R17.

R: 225/60R17.

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. 29/4/2023 D.O.I. 24/05/23.

Survey held at HD Perfect.

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 INC. COE Expiry: ✓
4/8/23	Adrian confirmed LS $6050 (Red 12,535.44, 67%)
	Estimate given during 1st Survey ✓ : Yes (✓) No ( )
	MV:
	PV:
	Nett:
	037J.

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

1) : Final Report

Date/Time, File Return to?

2) 7/8/23-typist

Days Of Repair: 6

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Report Format: TP

LS $6050