

REF:

C93/SNO 24080221/Agp3

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

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

To In _____ Vehicle No: _____

at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: JVT/667 Yr Regn: 2022/NovType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yamaha Y16ZR C.D. ISSColour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: PMYUG1510N0045309Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 90/80R17R: 120/70R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Puro

Front

R/Bal. 06 mm

Rear

R/Bal. 06 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. _____

D.O.I. 09/10/24

Survey held at

BisadoDes. of Damages: Front / 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 Somo (PRS)Repair Cost (Estimated) : 2k - 3k04 Days

COE Expiry

Estimate given during : Yes ()

1st Survey : No ()

MV : 9k (RM)PV : 1k (RM)Nett. 8k (RM) ± 3.6k.

Date/Time, File Pass to?



Preli. Report

1) Date/Time, File Return to?



Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

Site Insp (\$

Interview (\$

Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$

Photos

Others

Report Format:

1. Report Form A.P.P. (C)