REF:

ASSIGNMENT

From: Date:

Estim Cost:

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

To Insp Vehicle No:

at W/Shop m/s

of

Insured:

Policy No.

Claims No.

Sum Ins'd: 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: FBR1848X Yr Regn: 2020, March.

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

Make: Yamaha XMAX 300c.c 292

Colour: White. A/C: Insured / Std / Nl / NA

Sp.Reading: — T/Radio: Insured / Std / Nl / NA

Eng/No:

C/No: MH3SH0847LK00

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: 120/70R15

R: 140/70R17

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.	⊘	mm	L/Bal.		mm
D.O.A.			D.O.I.	27/08/24	

Survey held at: MS Car.

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 INC — COE Expiry: √
	Estimate given during 1st Survey: Yes ( ) No (√) √
	MV:
	PV:
	Nett:
	022I.

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

1) [ ]: Final Report

Date/Time, File Return to?

2)

Report Format:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ]: Site Insp ($)

[ ]: Interview ($)

[ ]: Tech. Inv. ($)

Survey Fee:	
Transportation:	
S + RS. S	
Photos	
Others	