

ASS. REC. BY: Tauph

REF: CS3/CT124110173/Tnh3

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: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: AR 2463X Yr Regn: 2016, 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Harley Davidson St Glide c.c. 1568
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: - T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: SHD 1KRM C26 VS600211
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Tyre Size: F: _____ R: 180/55R18
 BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Bal. or Market Value: \$18K
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 08/11/24@4pm.
 Survey held at Vicious Cycle
 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
	<u>Repair Range: \$7000 - 8000, 7 days.</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 i) _____
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

2) _____
 Rep. Format: _____
 Lump Sum / L.B.L. (): _____

Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Invs (\$))
 : Weekend (\$))

Survey Fee:

Transportation:	_____
\$ + RS _____ \$	_____
Photos	_____
Others	_____
TOTAL	_____