

ASS. REC. BY:

Tajh

REF:

CS3/CT124070196/Tq,h3

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:

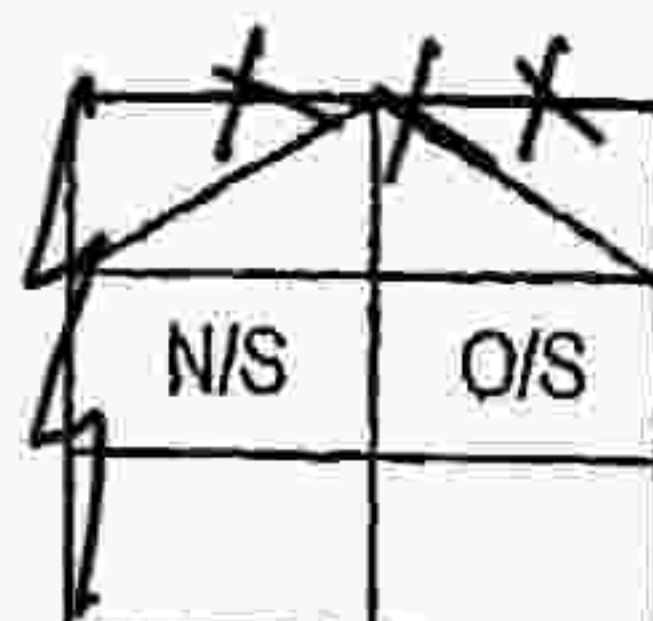
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

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

1 WP' PRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FRN6986T

Yr Regn:

/

Type: M. Car / ☒ M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Yamaha

c.c

/

Colour

Red

A/C: Insured / Std / NI / NA

Sp. Reading

—

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MH3RG3710 SK 027722

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orMod: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

120/60R17

R:

140/70R17

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

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

10/7/24 24pm

Survey held at

DF Motors

Des. of Damages ☒ Fr / ☒ Rear / ☒ O/S / ☒ N/S / ☒ U/G / Rooftop or

The U/G / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

NO GIA

Battery weak

Repair Range: \$6000 - \$7000, 6 days.

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Format:

Lump Sum / L.B.E. (\$