

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FQ1933Rat Workshop m/s LHH

of _____

Insured: SLH 4799T

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.

N/S	O/S

Bal. or Market Value: 11K

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

30/4/2018

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FQ1933R Yr Regn: 5-98

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

Truck / Trailer or

Make: BMW R1100GS c.c. 1081Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 314377 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WB1040938WZ B85735Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 110/80 R19R: 150/70 R17

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

TOYO / YOKO or not rele

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 8/8/18 D.O.I. 10/9/18

Survey held at _____

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orO/S Body

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

Date / Time Action / Instruction 1956JL7A 7620

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I. (\$ _____)