

REC. BY:

REF

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.

☒	☒
N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBL 6302C

Yr Regn:

2017 Jan

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

Truck / Trailer or

Make:

Honda PCX 150

C.C. 153

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

33100

T/Radio: Insured / Std / NI / NA

Eng/No:

KF20E4332812

C/No:

MLHKF2085G5332812

Gen. 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:

90/90 R14

R:

100/90 R14

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

10/03/2019

D.O.A.

14/03/2019

Survey held at

SG 98 MAW JMK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Body y N/S Rmt

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

Date / Time

Action / Instruction

AXA SJC 9212L

MV 7K

LTA 4.75K

NL 2.25K

23/10/19

Invoice of \$2001 - with 4 days 7 m (Red = \$1976.20/481.)

Date/Time, File Pass to?

☐

: Preli. 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:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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