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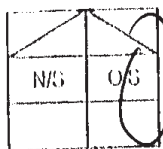
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ASSIGNMENT

02B Dec 2022

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RLS / OD RLS / EVA / INV / MV
 To Inspect Vehicle Ho: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

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



Val. or Market Value: _____
 BAC Accident Report: _____ Consistent? : Yes or No
 G/A / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Tot Sum: 20 % B Val: Yes or No
 CA / REV / REP / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBC2692A
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha T135 cc: 135
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 30308 T/Radio: Insured / Std / NI / NA
 Eng/No: 5YP208194
 C/No: 5YP208194
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 70/90 R17
 R: 80/70 R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OITSU / PIR / SUMI /
 TOYO / YOKO or Dunlop
 Front: _____ R/Bal. 2 mm
 R/Bal. 2 mm
 L/Bal. _____ L/Bal. _____ mm
 D.O.A. 21/05/2019 D.O.I. 31/05/2019
 Survey held at SG 98 NAW AMK
 Des. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or
o/s Pattern
 The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time

Action/Instruction

TU SHD 7245Z

MV 3.8K
 LTA 1.6K
 NL 2.2K

21/11/2019 Insured H/S 1300/- with 4 days of rep

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Form. C

Emp. Sum / U/C

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation

1) S + B. \$

2) Photos

3) Others

4) Total

