

ASS. REC. BY: RamREF: A19

2942

COE XPIRY: 2020/04

ASSIGNMENT

From: _____

Date: 9.12.2019Veh No: FBE 9993AYr Regn: 2010 / DL

Estimated Cost: _____

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or _____

To Inspect Vehicle No: FBE 9993AMake: HONDA CBF150C.C. 149at Workshop m/s KARZ WORKSColour: BLACKA/C: Insured / Std / NI / NAof 53 ubi no 1 #01-23Sp. Reading: 89697T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: LALKC11A1A 3077 461

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____

Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or _____

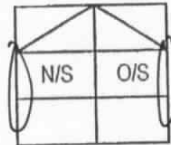
(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or _____Make of Veh: 68422475Modi: Nil / SRim / STD A/Rim or _____

(Policy Condition)

Tyre Size: F: 2.75-18R: 3.00-18

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



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

TOYO / YOKO or METZLERBal. or Market Value: 2.5K

Front

Rear

IDAC Accident Rpt: _____

Consistent? : Yes or No

R/Bal. 3 mmR/Bal. 3 mm

GIA / PR Seen: _____

Consistent? : Yes or No

L/Bal. _____ mm

L/Bal. _____ mm

Est. Repairs: _____ days Res.: Yes or No

D.O.A. 04/12/19D.O.I. 09/12/19

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at KARZ WORKS

CA / REV / REP. / 24 HRS

mp"

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

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.E. / _____