

ASS. REC. BY:

REF:

CC4 | ASM 2004781 / Dga³

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. _____

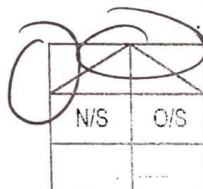
Claims No. _____

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: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBP 1228 X Yr Regn: 2019, FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda PCX 150 C.C. 153 149Colour: Red A/C: Insured / Std / NI / NASp. Reading: 18128 T/Radio: Insured / Std / NI / NAEng/No: KF20E4591146C/No: MLHKF2087J*5591146Gen. 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: 100/80 R 14R: 120/70 R 14

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

TOYO / YOKO or Michelin

Front _____ Rear _____

R/Bal. 3 mm R/Bal. 3 mm

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

D.O.A. 28/03/2020 D.O.I. 02/04/2020Survey held at SG 98 Manu AMK

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

Front y h/s Frnt

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

Date / Time Action / Instruction

AXA GBE 92394

MV 12K

LTA 2.8K

HL 9.2K

20/05/2020 Final L/S 2300/- with 3 days of rep

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. (\$) _____