ASS. REC. BY:

REF: CC4/FCI#20005307/Dka3

# 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. _____

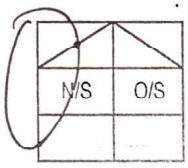
Sum Insured: _____ Excess: _____

(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 Rport: _____ 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: JQY 3455 Yr Regn: _____ /

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or _____

Make: _____ c.c _____

Colour Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 66759 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: _____ * _____

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi : **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: 70/90 R17

R: 90/80 R17

**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. 02/04/2020 D.O.I. 21/04/2020

Survey held at 8G98 MAW AMK

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

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

| Date / Time | Action / Instruction |
|---|---|
| | First Capital STD 3568T |
| | Pending w/shop to provide rider's lug card & insurance cert |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

**Days Of Repair:** _____

**Resurvey No. of Trip:** _____

**Add Fee:** ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

**Report Format :** _____

**Lump Sum / I.B.I:** ($ _____)

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| ___S + RS, ___SI | |
| Photos | |
| Others | |
| TOTAL | |