

GAI

ASS. REC. BY:

SPK

CS/AT120007085/ESF3

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. _____

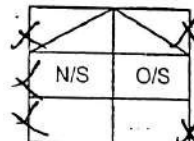
Sum Insured: _____ Excess: _____

(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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBM 37336 Yr Regn: 7/19/17

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

Truck / Trailer or

Make: KTM 125 Duke c.c. 125Colour: Orange A/C: Insured / Std / NI / NASp. Reading: 35840 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VBKJPA403HC007898

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: 110/70 R17R: 150/60 R17

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

TOYO / YOKO or METZELER

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. mm L/Bal. mm

D.O.A. 22/6/20 D.O.I. 8/7/20Survey held at Ban Hock Hin

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

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

Date / Time Action / Instruction

MV-7,500

PV-3,629

NV-3,871

P/P \$ 2,131.08/3 DAYS

(\$ 1,049.12/RED - 33%)

Date/Time, File Pass to?

20/07/2020

1) TYPIST

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.F. (\$) P/P \$ 2,131.08

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL