

ASSIGNMENT

From _____ Date: _____

Estimated Cost: _____

OD / **TP** / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Speedy Motor

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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: FBF1979P Yr Regn: 01 MAR 2011

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

Truck / Trailer or _____

Make: BAJAJ PULSAR 200 C.C. 199

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

Sp. Reading 5234 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MD2DHJCZZSCC44306 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Normal / Jammed / Leaked / Burnt or _____

Brake: Normal / Jammed / Leaked / Burnt or _____

Modi: NTI / S/Rim / STD A/Rim or _____

Tyre Size: F: 90/80-17

Rear R: 120/80-17

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

TOYO / YOKO or _____ MAXXIS - Front

<u>Front</u>		<u>Rear</u>	
R/Bal.	<u>4</u> mm	R/Bal.	<u>4</u> mm
L/Bal.	<u>4</u> mm	L/Bal.	<u>4</u> mm
D.O.A.	_____	D.O.I.	<u>12/05/2020</u>

*Survey held at _____ w/s _____ 5pm

Des. of Damages FR / Rear / GS / N/S / U/C / Rooftop or _____

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

[illegible]

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to?

27/5/20-typist

Add Fee: : Site Insp (\$

☐ Interview (\$

Tech. Invs. 0%

Meal end 18

Report Funds: PRS

Lynn S. Auer, Ph.D.

) Photos

1) Others:

1075