

ASS. REC. BY:

Tanjah

REF:

CS3/FC12010190/71y3

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.

☒	☒
N/S	O/S
☐	☐

Bal. or Market Value: 91500

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

WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Damen

Veh No: NCA8444 Yr Regn: 2004

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

Truck / Trailer or

Make: Nitro ME125 c.c. 125Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 58058 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NT3XCJVD04015094Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ☒ S/Rim / STD A/Rim orTyre Size: F: 80/90R8R: 90/80R7

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

TOYO / YOKO or Golden Boy

Front _____ Rear _____

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

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

D.O.A. _____ D.O.I. 23/9/20 @ 439mSurvey held at Tamam GorgeDes. of Damages: ☒ Front / Rear / O/S / ☒ N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Inform w/s upon limit \$800

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 26/11/20-Typist

Rep. Format: TP

Lump Sum / L.B. / C: LS \$800

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

135

50

50

53

288