

ASS. REC. BY:

REF:

CC4/11120010479/T. 153

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. _____

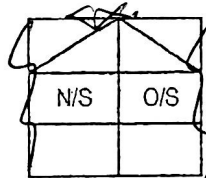
Claims No. _____

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

Mr Kie

Veh No:

FBM 99801

Yr Regn:

2018, Jan

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

Truck / Trailer or

Make:

Yamaha Super T150

c.c

150

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

26974

T/Radio:

Insured / Std / NI / NA

Eng/No:

MH 34607405017689

C/No:

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:

70/90R17

R:

120/70R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

1/10/20

Survey held at

AS Phoon Toh Guan

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

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

1)

Date/Time, File Return to?

☐

Final Report

Transportation: _____

2)

Add Fee: ☐

Site Insp

(\$

S + RS SI

☐

Interview

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Phone