REC. Rec. BY: GQ

PRS

REF: CS3/MSG20011243/Gvf3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / [TP] / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s GARAGE 13

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBP 8999H Yr Regn: — /

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

Make: HONDA NSS300A c.c —

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

Sp.Reading 23799 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: 120/70-15

R: 140/70-14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / [PIR] / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	16-10-2020

Survey held at W/S 5pm

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
	$2000 - $3000
	No GIA provided

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 ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL