ASS./REC. BY: GQ | REF: CS3/III20005668/Gvf3 -1

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBF1979P Yr Regn: 01 MAR 2011

Type: M.Car / M.Cycle / 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: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / 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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	~~4~~ mm	L/Bal.	~~4~~ mm

D.O.A. 8/5/20 D.O.I. 12/05/2020

*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

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) ~~27/5/20-typist~~

4/11/20-Typist

Report Fulfilled: ~~PRS~~ TP

Lump Sum / UPD: LS $1750

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL