

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: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBX8872A Regn: 2018 / Dec.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha MX King C.C. 150
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 24649. T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH3U60710JK276125
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 90/80 R17.
 R: 120/70 R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or IRC
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 03/11/20
 Survey held at Automobile Hub.
 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
TP AIG

MV :
 PV :
 Nett :

Date/Time: File Pass to: ☐ : Preli. Report
☐ : Final Report

Date/Time: File Return to:

Report Form 4:

Form 4: _____

Days Of Repair:

Resurvey No. of Trip:

Arbit Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Material (\$)

Survey Fee:

Transportation:

S + PS \$

Flower

Other

7-2-11