

ASS. REC. BY:

Steve

REF:

CS3

CC4/11/20012306/4943

Evd3

ASSIGNMENT

From:

PRS

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:

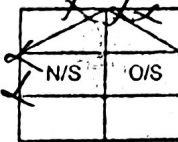
Excess:

(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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Cum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

FBL 8599K

Yr Regn:

2002

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

Truck / Trailer or

Make:

Honda CB400

c.c 399

Colour:

Black

A/C: Insured / Std / NI / N

Sp Reading

N/A

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

NIC 34 - 1934634

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

120/55R17

R:

160/55R17

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

TOYO / YOKO or

DUNLOP

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

11/10/90

D.O.A.

10/11/20

Survey held at

Hua Ho

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Ab GIA Report

13/11/20

Submit PRS

Date/Time, File Pass to?



Prell. Report



Final Report

Date/Time, File Return to?

13/11/20-Typist

Formal:

PRS

Lump Sum / LEI:

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL