

ASS. REQ BY:

REF:

CS / CT1120012706 / T15d3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

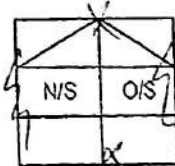
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Sal. or Market Value: _____

IDAC Accident Report: _____

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

WP

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Reany

Veh No: FBQ1533JYr Regn: 2019, Aug

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

Truck / Trailer or

Make: YamahaYS-125 c.c. 125Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LBP RE 33/0000 19/33Gen. 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: 2.75/18R: 3.60/18

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

TOYO / YOKO or

1 Shinku

Front

Rear

R/Bal. 5 mmR/Bal. 5 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. _____

D.O.I. 18/11/20Survey held at HKL LimDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

11/01/2021 @ 17:25 PM JAMES CALL IN TO INFORMED PENDING SPARE PARTS
DELIVERY, ONE - TWO MONTHS TIMES APPROXIMATELY

REPAIR LIMIT - \$5000.00

Date/Time, File Pass w/

12/01/2021

1) TYPIST

Date/Time, File Return to

2)

Report Form: PRELI

Lump Sum / L.B.I. /

☐ : Prel. Report☒ : Final ReportDays Of Repair: 5Resurvey No. of Trip: -

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Phone

Others

TOTAL