

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. _____

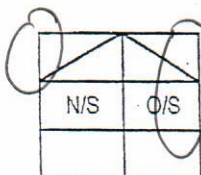
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBP296F Yr Regn: 2019, Jan

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

Truck / Trailer or

Make: Yamaha TZF-R155 c.c. 150Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 3760 T/Radio: Insured / Std / NI / NAEng/No: G31 G356E0176043C/No: M43RG47101K093742

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: 100/80 R17R: 140/70 R17

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

TOYO / YOKO or

Bridgestone

Front

Rear

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. mm L/Bal. mm

D.O.A. 11/12/2020 D.O.I. 15/02/2020Survey held at 89 MAJOR AMK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

4/5 Front y o/s Portion

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

Date / Time Action / Instruction

First Capital SHA 9151M05/05/2021 Insured 2/5 2500/- with 4 days for

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / I.B.E. (\$)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL