

08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS TP 21000588 / U+43
CS / A1621000588 / U+43

21798.57

Pastech

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:

(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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted: Dep 6h.

Vehicle: IN / OUT

Date / Time

Action / Instruction

27A 16400

we until 31-1-2026

not # 13600

5.11/450

23/2/21 2/s # 13,500 confid with Am.

(Red 44086.40 : 76%)

Veh No:

G 744642

Yr Regn:

13/4/06

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

Truck / Trailer or

Make:

mit center (M)

FB70 c.c 2835

Colour

white

A/C: Insured / Std / NI / NA

Sp.Reading

Flap

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FB70ABA00280

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:

R:

185 R14
165 R13

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

TOYO / YOKO or

De lium

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

21/10/19

D.O.I.

13/1/21

Survey held at

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, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

12

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

)

)

)

)

47X15=705

709+170

90

50+50+50

239

80

1390

Report Format :

TP

Lump Sum / I.B.I. (\$ 135007

08943/21