

CS3/FCI 21000729/Gvf3

ASSIGNMENT

Estimated Cost

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

Inspect Vehicle No.

Workshop m/s

Toh Motor

Insured

Policy No.

Claims No

Insured

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value: \$1800

ACC: Accident Report

Consistent? : Yes or No

SLA / PR Seen.

Consistent? : Yes or No

Est. Repairs.

days

Res: Yes or No

Corp Sum.

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date

Person Contacted

Vehicle: FU7158B
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Honda TA200

CC

197

Colour

Blue

A/C

Insured / Std / NI / NA

Sp Reading

99147

T/Radio. Insured / Std / NI / NA

Eng/No.

C/No:

Gen Cond: Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Mod: M/R / S/Rim / STD A/Rim or

Tyre Size:

F:

90/80-17

R:

130/90-15

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal

mm

L/Bal

mm

D.O.A 26/12/20

D.O.I.

15-01-21

Survey held at

W/S

CPM

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

Date/Time, File Pass to:

☐

Preli. Report

Days Of Repair: 2

Resurvey No. of Trip:

By

☐

Final Report

Date/Time, File Return to:

25/1/21-Typist

Adm Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Photograph: \$

☐

Other: \$

Survey Fee:

Transportation

Food & Beverage

Accommodation

Other

PRS