

Ed

AlG

ASSIGNMENT

Estimated Cost

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

Inspect Vehicle No.

Workshop m/s

ATAN Motorlyp.

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:

\$4500

DAC: Accident Report

Consistent? : Yes or No

WIA / PR Seen.

Consistent? : Yes or No

Est. Repairs

2

days

Res: Yes or No

Unsum.

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle: IN / OUT

Vehicle

FBI 7619T

Equip

30 Sep 2014

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

Truck / Trailer or

Make

SYM Joyride

2001 cc

171

Colour

Green

A/C

Insured / Std / NI / NA

Sp Reading

T/Radio, Insured / Std / NI / NA

Eng/No

C/No

RFG LF 18W YE 5014055

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim, or

Tyre Size

F:

110/70-13 (PIR)

R:

130/70-12 (TIMSUN)

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

0

mm

L/Bal

mm

L/Bal

mm

D.O.A

D.O.I

01-02-21

Survey held at

W/S

11-10

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

01/2

Finalized & rec with Anna.

acc: 1651

Date/Time, File Pass to

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to

Days Of Repair:

Resurvey No. of Trip:

Adm Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Report (\$

☐

Other (\$

Survey Fee:

Transportation

Other Fee

Other

Other