

REF:

CC4/ASM 21001692/Dga³

ASS. FRY:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Work m/s _____

of _____

Insured _____

Policy No. _____

Claims to _____

Sum Insured _____

Excess: _____

(Check record)

Make of Vehicle: _____

(Police Condition)

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

Bal. of Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

VCT 3242

Yr Regn:

2019

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

Truck / Trailer or

Make:

Yamaha 135 LC

cc

134

Colour

Green

A/C:

Insured / Std / NI / NA

Sp. Reading

N.A

T/Radio:

Insured / Std / NI / NA

Eng/No:

G 3G5E-084768

C/No:

PMYU G0810K0084748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Faulty

Down

Brake: Inorder / Jammed / Leaked / Burnt or

Faulty

Down

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

70/90 R17

R:

80/90 R17

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal

2

mm

R/Bal

2

mm

L/Bal

mm

L/Bal

mm

D.O.A.

31/01/22

D.O.L

05/02/22

Survey held at

SG 98 AMK

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

Rear 4/5 P.A.M

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

Date / Time

Action / Instruction

AXA SHIA 1007A

MV 2.21C

NL 2.2K

23/11/22 Jmm 4/5 2,200/- with 5 days 2

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS \$

Photon

Others

Report Format: _____