

ASS. BY:

REF:

CC4/ASM 21002977/Dgs³

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

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

To Insp Vehicle No: _____

at Work top m/s _____

of _____

Insured _____

Policy # _____

Claim # b. _____

Sum Insured: _____

Excess: _____

(Client Record)

Make Veh: _____

(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: 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: FBN 1073KYr Regn: 2018July

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

Truck / Trailer or

Make: Honda CBF 190X

c.c.

184Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 36793

T/Radio: Insured / Std / NI / NA

Eng/No: SDH161FMKH3208154C/No: LALPJL705H3248535Gen. 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: 110/70 R17R: 140/70 R17

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

TOYO / YOKO or

Metzeler

Front

Rear

R/Bal. 2 mmR/Bal. 2 mm

L/Bal. mm

L/Bal. mm

D.O.A. 22/02/2021D.O.L. 05/03/2021

Survey held at

SG 98 AMK

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

H/S Portion

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

Date / Time

Action / Instruction

AXA SHC 1717 ZMV 8-8KVIA 4-7KHL 4-1K12/10/2021Insured 1/5 2,100/- with 4 days of rep

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Rep. Format: _____

1. Rep. Form / 1. Rep. Form

☐

: Interview (\$

☐

: Tech. Insp (\$