

ASSIGNED BY:

GO
PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No:

Claims No:

Sum Insured:

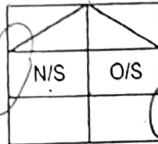
Excess:

(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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

JQ P4601

yr Regn:

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

Truck / Trailer or

Make:

Yamaha B5LC

cc

134

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp Reading

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

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

Tyre Size:

F:

70/90-17

R:

11

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

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

15-03-21

Survey held at

w/s

5:30pm

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

Got body insured.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1) S + RS = \$

2) Photos

3) Other

1)

Date/Time, File Return to?

2)

Add Fee:

☐ : Site Insp

(\$

☐ : Interview

(\$

☐ : Tech. Insp

(\$

☐ : Other

(\$

Report Format:

Emp. Form / M.P. Form