

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/ASM21.004534/4tc

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5 days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

LIA\$496

Veh No:

FBJ13634 Yr Regn: 7/1/14

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

Truck / Trailer or

Make:

Honda CB400 c.c 399

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

135782

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JH2NC4298BK300514

Gen. 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:

120 / 60 R17

R:

160 / 60 R17

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

TOYO / YOKO or

D10610

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

7/4/21

D.O.I.

9/4/21

Survey held at

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

see until 06-01-2024

meter After survey 135782 change casing only

26/4/21 8-9k. no estimate PRS

Submit PRS Report

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

TP-PRS

Lump Sum / I.B.I: (\$

)

TOTAL