

ASS. REC. BY:

Steve

CS/CT121094619/ETF3

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. DMPCSNW00045722100

Claims No. SNM21D201916/C02/TANKL

Sum Insured:

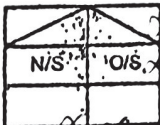
Excess:

(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 Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

EBA 6743 X

Yr Regn:

20/7/06

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

Truck / Trailer or

Make:

Honda Wave

c.c. 125

Colour:

Red

A/C: Insured / Std / Nil / N

Sp. Reading

93836

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

NEJSMPO068976

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:

80/90-17

R:

90/80-17

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

1

mm

L/Bal.

1

mm

D.O.A.

2/4/21

D.O.I.

13/4/21

Survey held at

KIVILE

enter phone

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

MK- 650

PV- 189

\$450 lump sum. 3 days

NK- 481

red: 3075; 87%

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

tp

Date/Time, File Return to?

Date/Time, File Return to?

l/s 450

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Invs

(\$



: Vessel end

(\$

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL