

ASS. REC. BY:

Stere

CS3/A16 21004722 / Erf3

ASSIGNMENT

From:

Date:

Veh No:

Yr Regn:

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Honda Wave

C.C.

at Workshop m/s

Colour:

Black

A/C: Insured / Std / NI / N

of

Sp. Reading

N/A

T/Radio: Insured / Std / NI / N

Insured:

Eng/No:

Policy No.

C/No:

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

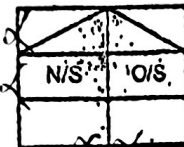
Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

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



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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

4

mm

R/Bal.

4

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

10/4/21

D.O.A.

14/4/21

Cum Sum:

%

3 Val.: Yes or No

Survey held at

Equator Brotherhead

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

No GIA report

File/Time, File, Poss to?



: Prel. Report

Days Of Repair:

File/Time, File Return to?



: Final Report

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$

\$ + RS \$



: Interview (\$

Provision



: Tech. Invs (\$

Others



: Weekend (\$

TOTAL

Formal:

imp sum / L.P.: