

ASSIGNED BY: Tajiri

CS3 / ASM 21005578 / TIVC.

# 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: SHA 4440L

Policy No. \_\_\_\_\_

Claims No. S1M037Q1

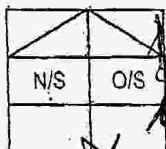
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \$24K

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: FBR9500X

Yr Regn: 2020 Dec

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

Truck / Trailer or

Make: Yamaha

XMAX 300 cc 292

Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MH3SH0848LK013548

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 120/70 R15

R: 140/70 R14

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. \_\_\_\_\_ mm

L/Bal. \_\_\_\_\_ mm

D.O.A. 10/4/21

D.O.L. 7/8/21

Survey held at Ong Motor.

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

Buttress week

Repair Range: \$4000 - \$5000

7 days

11/5/21 Submit PRS, repair range \$4,000-\$5,000

Date/Time, File Pass to?

☐ : Prell. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2) 11/5/21-Typist

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Insp (\$ \_\_\_\_\_)  
☐ : \_\_\_\_\_ (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

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Report Format: SMART CLAIM

Leave Stamp / Signature