

ASS. FCB BY:

Tajiri

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: FBP 3551Z

at Workshop n/s EQUATOR BROTHERHOOD

of

Insured: SLP 9774P

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 Report: 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:

FBP3551Z Yr Regn: 03/2005

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

Truck / Trailer or

Make:

Honda Wave 125 cc 125

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

38583

T/Radio: Insured / Std / NI / NA

Eng/No:

NF125MP0030942

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:

80/90 R17

R:

90/80 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / (P) / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

5 mm

R/Bal.

5 mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

10/5/21

Survey held at

Equator Brotherhood

Des. of Damages: (P) / Rear / O/S (P) / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time

Action / Instruction

To get GIA from Langer

11/5/2021 Submit PRS

Date/Time, File Pass to?

☐

Preli. Report

1) 12/5 TYPIST

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

3 + RS. \$

☐

Interview (\$

Photos

☐

Tech. Insp (\$

Other

☐

Total (\$

Report Format: PRS

Lump Sum / LSP: \$

REF: