

ASS. REQ. BY:

REF:

CT2 / 21008130144 Knc

Kenneth

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBH 9400R Yr Regn: 11, 13

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

Truck / Trailer or

Make:

Yamaha YBR125 c.c. 124

Colour:

Black / Blue

A/C: Insured / Std / NI / NA

Sp. Reading

29818

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LBPK E17 82E 0018958

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

80/90R18

90/80R18

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

TOYO / YOKO or

FKR

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

4/5/21

D.O.I.

25/5/2021

Survey held at

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

old body

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

Date / Time

Action / Instruction

1/ Not ready, Got B2.
LTA Rebau 8430.00

2/ EN ryer con 82-3/c

28/09/22 submit PRS report / repair range :\$2k-\$3k and 4 days

Date/Time, File Pass to?

☐

: Prell. Report

1) 28/09/22

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

PRS

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

TOTAL