

ASS. REC. BY:

REF: SMO/210061701kg

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. CMTD2101594/THE

Sum Insured:

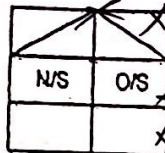
Excess:

(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 Rpt:

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:

FBA3735E

Yr Regn:

09.19

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

Truck / Trailer or

Make:

Yamaha

Aerox

c.c

155

Colour

Multi Colour

A/C:

Insured / Std / NI / NA

Sp. Reading

76756

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

M1135G4640KJ060771

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:

120/70R14

R:

140/70R14

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

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

7

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

18/5/21

D.O.I.

28/5/2021

Survey held at

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

& chassis

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

Date / Time

Action / Instruction

/

PRS

EM upon call 83-51c

14/06/21 Submit PRS.

Date/Time, File Pass to?



: Prell. Report

1) 14/06 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trlp:

1

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

), Fuel

), Others

Report Format :

PRS

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