

(08/11/13) wef

ASS. REC. BY:

REF:

CS3/ALH 21007480/RIVf3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: JUL 8919

at Workshop m/s ENH SOON

of 4/YEN TGG Ind Est 393-5

Insured:

ALH

Policy No.

Claims No.

Sum Insured:

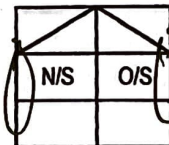
Excess:

(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 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:

JUL 8919

Yr Regn:

/

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

Truck / Trailer or

Make:

YAMAHA

C.C

Colour

MULTI

A/C: Insured / Std / NI / NA

Sp. Reading

3369

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

PMY564010M 0007-875

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

120/70-15

R:

140/70-14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

06/07/21

D.O.I.

09/07/21

Survey held at

ENH SOON

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$

) S + RS, SI



: Interview (\$

) Photos



: Tech. Invs (\$

) Others



: Weekend (\$

)

Report Format :

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

TOTAL