(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/SMR2100961S/U4f3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBF 8009T

at Workshop m/s Euro

of

Insured: SHB98M

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Date: Person Contacted: Vehicle: IN / OUT 0926

Veh No: FBF 8009T Yr Regn: 30/11/2011

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

Make: Yamaha FZ16 c.c 153

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 39164 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ME121C07A.B2014253

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: 110/70-17

R: 140/70-17

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	11/9/21	D.O.I.	14/9/21

Survey held at

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

Lt, n/s Body

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

Date / Time	Action / Instruction
	cae until 29-11-2021

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:) __S + RS.__ SI

Add Fee: ☐ : Site Insp ($) Photos

☐ : Interview ($) Others

☐ : Tech. Invs ($)

☐ : Weekend ($)

TOTAL

Report Format :

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