

ACC. REC. BY: Steve

REF: CS3/FCI 20010742/ETD3

ASSIGNMENT

10 Feb 2015

From: PRS Date: _____

Estimated Cost: _____

OD TP WS TP RES QD 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: _____

Veh No: FBK 351E Yr Regn: 1

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

Make: Honda c.c. 250

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

Sp. Reading: 84104 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: MLHM C41 A2 B 5004304

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: 190/80-17

R: 140/70-17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or 3 Pirelli

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Val. or Market Value: 5500

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front R/Bal. 4 mm Rear R/Bal. 4 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 28/9/20 D.O.I. 19/10/20

Survey held at Gaiap 13

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

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

Date / Time	Action / Instruction
	<u>NO GIA report</u>
	<u>submit prs report</u>
	<u>lump sum \$1550, 4days redd: 1750, 53%</u>

Date/Time, File Pass to? : Prel. Report

: Final Report

Date/Time, File Return to? _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS: \$ _____

Photos: _____

Others: _____

TOTAL: _____

Copy Format: _____

Lump Sum / E.I. / % _____