

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD  TP  /  S /  TP RES /  OD RES /  EVA /  INV /  MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s M2 Garage  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: FBK7990P Yr Regn: 31 Jan/2013  
 Type:  M.Car /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: KAWASAKI / ZG1400C c.c 1352  
 Colour Grey A/C: Insured / Std / NI / NA  
 Sp.Reading --- T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JKBZGT40CCA020793 \*  
 Gen. Cond  Good  Fair /  Poor /  Burnt  
 Steering:  Inorder /  Jammed /  Leaked /  Burnt or \_\_\_\_\_  
 Brake:  Inorder /  Jammed /  Leaked /  Burnt or \_\_\_\_\_  
 Modi:  Nil /  Rim /  STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 120/70ZR17  
 R: 120/70ZR17

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

(Policy Condition)  
 Remark: **The veh had commenced its repair at the time of inspection.**  
 Bal. or Market Value: \$12k  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: - days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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

<u>Front</u>	<u>Rear</u>
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. _____ mm	L/Bal. _____ mm
D.O.A. _____	D.O.I. <u>24-12-2021</u>
Survey held at _____	<u>W/S</u> <u>4PM</u>

 Des. of Damages : Frt / Rear /  O/S /  N/S /  U/C /  Rooftop or \_\_\_\_\_  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Estimate give later
	BIKE REPIRED ALREADY

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : W/weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
_____ + RS. _____ SI	
Photos	
Other:	
TOTAL	

Report Filed: \_\_\_\_\_  
 Long Copy / MP: \_\_\_\_\_