

ASS. REC. BY: Steve

REF: CS/ASM22000241/Eny3

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. _____
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
X	X

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 2 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: Bicycle Yr Regn: _____ /
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Giant Defy Advanced Pro 2.0
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: _____
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: NII / S/Rim / STD A/Rim or
Tyre Size: F: 42 Tubeless
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Giant
Front 5 mm Rear 5 mm
R/Bal. 5 mm L/Bal. 5 mm
D.O.A. 10/1/22
Survey held at _____
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
	submit final fig: \$3735 and 2 days (red, 415, 10%)

Date/Time, File Pass to? ☐ : Prell. Report
1) 28/11/22 ☐ : Final Report
Date/Time, File Return to?
2) _____
Report Format : _____
Lump Sum / I.B.I: (\$ 3735)

Days Of Repair: 2
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
\$ + RS. \$ _____
Photos _____
Others _____
TOTAL _____