

ASS. REC. BY:

Steve

REF:

CS/FC122001581/EV#3

y3m4

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. _____

D21001682MFCE

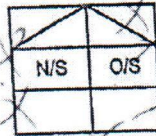
Sum Insured: _____ Excess: 1500

(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 Report: _____ 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

Veh No: FBK61808

Yr Regn: 5/11/15

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

Truck / Trailer or

Make: Honda CB400

c.c 399

Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: N/A

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JH2NC4795EK-000398

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: 120/55R17

R: 140/55R17

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. 8 mm

L/Bal. 8 mm

D.O.A. 18/5/21

D.O.A. 18/2/22

Survey held at comfort delgre

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

20/1/23 Submit preli report-revised fig \$6276.50

Date/Time, File Pass to?

: Preli. Report

: Final Report

1)

Date/Time, File Return to?

2) 20/1/23-typist

Rep. Format: _____

Lump Sum / L.S. / (\$ _____)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

(1x15)

170 + 15

50

78

313