

ASS. REC. BY: TajjREF: CSS/CT122002180/Try 3.**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

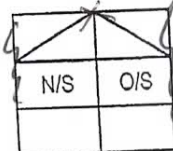
Insured: SJR 3677PPolicy No. DMPCSNW00120082100Claims No. SNM22D201477/C02/LEWLC

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBR7138Y Yr Regn: 2020, Sep

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

Truck / Trailer or _____

Make: Yamaha R15 c.c. 155Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: ME/RG671SL0023432

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: 110/70R17R: 150/60R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

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

D.O.A. 28/2/2022 D.O.I. 9/3/22 @ 130pmSurvey held at Equator Brotherhood

Des. of Damages: (F) / Rear / (S) / (N) / U/C / Rooftop or

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

Date / Time Action / Instruction

Repair Range: \$5000 - \$6000 / 5 days.

10/3/22 Submit PRS, repair range \$5,000-\$6000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 10/3/22-typist

Rep. Formed: _____

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

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL