

ASSIGNMENT

From: PRS

Date: _____

Veh No: FBK 5629YYr Regn: 4/11/15

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspect Vehicle No: _____

Make: Florida CB400Xc.c. 399

at Workshop m/s _____

Colour: white

A/C: Insured / Std / Nil / NA

of _____

Sp. Reading: N/A

T/Radio: Insured / Std / Nil / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: JH2NCA 797EK 000430

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____

Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

Modi: Nil / S/Rim / STD A/Rim or

(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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____

Front

Rear

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 4 mmR/Bal. 4 mm

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

L/Bal. _____ mm

L/Bal. _____ mm

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

D.O.A. 20/4/21D.O.I. 27/4/22

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

Survey held at Comfortdelgro

CA / REV / REP. / 24 HRS

Des. of Damages: ☒ Frt / ☒ Rear / ☒ O/S / ☒ N/S / U/C / Rooftop or

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>MV - 7K (check with Mktg total loss)</u>
28/4/22	Steve said MV change to \$8,000

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐

: Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

Report Format: _____

☐

: Interview (\$ _____)

Photos _____

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

☐

: Tech. Invs (\$ _____)

Others _____

☐

: Weekend (\$ _____)

TOTAL
