

ASSIGNMENT

From:

PRS

Date:

Veh No:

FBK 609Y

Yr Regn:

5/11/15

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:

Honda CB400X

c.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:

JH2NCH7M0EK 000334

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

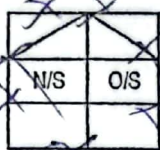
Brake: Inorder / Jammed / Leaked / Burnt or

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.



Bal. or Market Value:

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:

Tyre Size:

F:

120/70ZR17

R:

160/60ZR17

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

70/6/21

D.O.I.

27/4/22

Survey held at

Comfortable

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

MV-7K (check with Marcus) Total loss

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:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:

☐

: Site Insp (\$

\$ + RS. SI

☐

: Interview (\$

Photos

☐

: Tech. Invs (\$

Others

☐

: Weekend (\$

TOTAL

Report Format:

Lump Sum / I.B.F. (\$