

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

CCG/ A622007477/493

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

FBQ 3983E

at Workshop m/s

BHH

of

Insured:

SM A 8159P

Policy No.

Claims No.

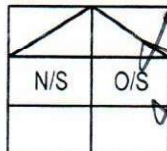
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

\$11K.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C 623M

Date:

Person Contacted:

Vehicle: IN / OUT

LT A \$3065

Veh No:

FBQ 3983E

Yr Regn:

*24/09/19*Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

1501

Make:

*KYMCO**Super Jockey 149*

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

18069

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

*RFB SJ30 GAK1000 139*Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

3.50-10

R:

*130-70-10*BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

08/06/22

D.O.I.

5/8/22

Survey held at

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

O/S Body

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

Date / Time

Action / Instruction

*Nº 56 bikerent Rep 1600**17/10/22 Reject case 4/5 \$750.00 insured Raymond*

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS, \$ SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I.: (\$)

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)