

SS. REC: BY: T. J. M.

REF:

CS3 / ASM 22008934 / Tay3

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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: _____

\$14K

IDAC Accident Report _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

5

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: FBT7521M

Yr Regn: 2022 / May

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

Truck / Trailer or

Make: Yamaha

T155

C.C. 155

Colour: White

A/C: Insured / Std / Nil / NA

Sp. Reading: _____

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: RLMG 1610 my

* 001625

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 70/80 R17

R: 70/80 R17

BS / DUN / EXNOVA / GY / FS / LZA / MIC / DHTSU / PIR / SUMI /

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. _____

D.O.I. 12/9/22

Survey held at EQBH

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

Repair Range: \$3000-\$4000, 5 days

12/01/23 submit prs / repair range: \$3k-\$4k and 5 days

Date/Time, File Pass to?

1) 12/01/23

Date/Time, File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Photo: _____