

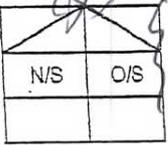
A.S.S. REC-BY: Tauyinn

REF: CS3/ASM22009041/TM93

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / IS / 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: _____

Veh No: JRF6812 Yr Regn: 1
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Kawasaki Ninja C.C _____
Colour: Red A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: _____
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: 110/70R17
R: 150/60R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO 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
Lump Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: Findlay
Vehicle: IN / OUT

Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. _____ D.O.I. 14/9/22
Survey held at Accident Assist SG
Des. of Damages: F / Rear O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NO GIA</u>

Date/Time, File Pass 10? : Preli. Report
1) : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

Date/Time, File Return to?
2) _____
Report Format: _____
Lump Sum / I.B.I. (\$) _____

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

Survey Fee:	
Transportation:	
S + RS. \$	
Photos	
Others	
TOTAL	