ASS. REC. BY: GQ REF: CS3/MSG21013092/Gvy3-1

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s M2 Garage

of

Insured:

Policy No.

Claims No. 588499

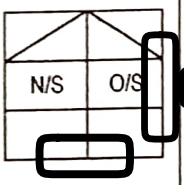
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $12k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBK7990P Yr Regn: 31 Jan 2013

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

Make: KAWASAKI ZG1400C c.c 1352

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 80909 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JKBZGT40CCA020793 *

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: 120/70ZR17

R: 190/55ZR17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 21/3/2019 D.O.I. 19-09-2022

Survey held at W/S 2PM

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
30/11/22	Submit $2766.5 (red 11,567.50, 80%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 30/11/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Others

TOTAL