

A.S.S. REC BY: T. J. M.

REF:

3  
CS/LPC 22 005709/ty 3-1

## 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: GBF 3072S

Policy No. \_\_\_\_\_

Claims No. 21/22/22/VC05/025873

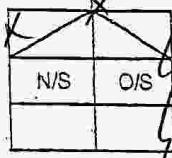
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \$16K

1DAC Accident Report: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: FBS7501BYr Regn: 2021, July

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

Truck / Trailer or

Make: YamahaXSR155

C.C.

155Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MH3R 64760 MK 020749

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: (N) / S/Rim / STD A/Rim orTyre Size: F: 110/70R17R: 140/70R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mmR/Bal. 5 mm

L/Bal. \_\_\_\_\_ mm

L/Bal. \_\_\_\_\_ mm

D.O.A. 31/5/2022D.O.I. 16/6/2022/pmSurvey held at Kim Heng SengDes. of Damages: (O/S) / Rear / (O/S) / N/S / U/C / Rooftop: or

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

| Date / Time | Action / Instruction                         |
|-------------|----------------------------------------------|
| 7/9/22      | Repair Range: \$5000 - \$6000, 05 days.      |
| 20/9/22     | Submit final fig \$1425.50 (red 193.50, 12%) |
|             |                                              |
|             |                                              |
|             |                                              |
|             |                                              |
|             |                                              |

Date/Time, File Pass to?



: Preli. Report

Days Of Repair: 3

Resurvey No. of Trip: \_\_\_\_\_

1)



: Final Report

Date/Time, File Return to?

2) 20/9/22-typist

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)



: Tech. Invs (\$ \_\_\_\_\_)



: Weekend (\$ \_\_\_\_\_)



: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / L.B. / P. \_\_\_\_\_