

ASS. REC BY: T. G. J. M.REF: CS3/GRB22007302/TC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / 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: _____

IDAC Accident Rpt: _____ 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: FBQ 3823Yr Regn: Jul / 19

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

Truck / Trailer or

Make: Honda CB150C.C. 149Colour Black

A/C: Insured / Std / NI / NA

Sp. Reading -

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MLHK2883K5138513

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: MT / S/Rim / STD A/Rim orTyre Size: F: 110/70R17R: 140/70R17DUN / 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. _____

D.O.I. 2/8/22Survey held at GP ServiceDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop: or

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

Date/Time Action/Instruction

No G.I.T.Repair Range: \$3500-44500, 5 days

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

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

Rep. Format: _____

Lump Sum / L.B. / % _____