

ASS. REC. BY:

Steve

CS/ASM 22010571/EV 3

ASSIGNMENT

PRS

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

oi _____

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.

☒	☒
N/S	O/S

B.S. 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: FBL 89H Yr Regn: 1

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

Truck / Trailer or

Make: KTM Duke 200 c.c. 199Colour: Orange A/C: Insured / Std / Nil / NASp. Reading: 76245 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: YBKJUC403E C021188Gen. 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: 120/60ZR17R: 160/60ZR17

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

TOYO / YOKO or: Pirelli

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. mm L/Bal. mm

D.O.A. 20/10/22 D.O.I. 27/10/22Survey held at KrazyDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

no estimate

Date/Time, File Pass to?

☐ : Prelim. 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

Report Format: _____

Lump Sum / L/S: (\$) _____

Add Fee:

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