

ASS. REC. BY:

REF:

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.

N/S	O/S

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: FBK714S. Yr Regn: 2019, April

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

Truck / Trailer or

Make: Honda. ADV750 c.c. 745

Colour: Red. A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: JH2RC9SASKK203758

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: 120/70 R17

R: 160/60 R15.

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

TOYO / YOKO or

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. mm L/Bal. mm

D.O.A. D.O.I. 30/11/22

Survey held at HP moto.

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

TP Sampo. PRS (Potential Total Loss)

13/12/2022 Extensive Total Loss; MV- \$24,000.00; LTA-\$2,226.00; NV-\$21,774.00

MV: 24K

PV: 23K

Nett: 217K

538B.

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2) _____

Transportation:

Add Fee: ☐ : Site Insp (\$)

S + RS. SI

☐ : Interview (\$)

Photos

☐ : Tech. Insp (\$)

Others

Report Formset: _____