

ASS. REC. BY:

REF:

CS/ASM 22012704/Gnp3

Surveyor No. 12/12/2022

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: \_\_\_\_\_

Veh No: FBM 8405X Yr Regn: April 2018  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Honda CB190X c.c. 184  
 Colour: Black A/C: Insured / Std / NI / NA  
 Sp. Reading: N.A. T/Radio: Insured / Std / NI / NA  
 Eng/No: WH161FMK17L00541  
 C/No: LWBPC12A2H2004528  
 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: 110/70 R17  
 R: 140/70 R17

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Motors  
 Front 2 mm R/Bal. 2 mm  
 L/Bal. \_\_\_\_\_ mm  
 D.O.A. 11/11/2022 D.O.I. 27/12/2022  
 Survey held at 3 points Butuprise St Butok.  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
O/S Rent y 4/5 Rent  
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	Submit US \$550, 3 days. (Red \$ 418, 43%)
	Note: Workshop did not agree with our adjustment. He mentioned that he will liaise with the owner.

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 Date/Time, File Return to?  
 1) 12/12/2022  
 2) \_\_\_\_\_  
 Report Format: Smart Claims - R  
 Lump Sum / L.P.: US \$ 550

Days Of Repair: 3  
 Resurvey No. of Trip: 1  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
_____ S + RS. _____ SI	_____
Photos	_____
Others	_____
TOTAL	_____