(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/A1S22013035/4pg3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: JPP 5816

at Workshop m/s Enfu

of

Insured: YN 639M

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: RM 3500

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: JPP 5816 Yr Regn: 30/08/13

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

Make: Yamaha 135LC c.c 135

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 52972 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PMYKG054000131770

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: 70-90-17

R: 80/90-17 MAXXIS

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 08/12/22 D.O.I. 3/1/23

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S, O/S Body

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___S + RS ___SI

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

TOTAL