

ASS. F.B.C. BY:

REF:

CS/AGI 2300 1153/ACy3

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: 5 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: GBE3883Z Yr Regn: 2018, June.

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

Truck / Trailer or

Make: Suzuki Every. c.c. 658Colour: White. A/C: Insured / Std / NI / NASp. Reading: 86977. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: DA 17V820955*Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/65 R14.R: 175/65 R14.BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 06 mmL/Bal. 06 mm

D.O.I. _____

Survey held at Fong Mohor.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

13/7/23

TP Budget Direct.
Adrian finalised LS \$3900f; 5 days with repairer. (Red. 2409f, 38.2)

MV:

PV:

Nett:

GSIN

Date/Time, File Pass to?



: Prel. Report



: Final Report

1) Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Fuel Save (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Report Format: