

ASS. REC. BY:

REF:

TP /

CS/TP 23002888/kny3

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.:

Yes or No

Lum Sum:

1.41

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Bill to owner

20/3

83325.80

Car

(Red, \$934.60, 22%)

Veh No:

JRL 1281

Yr Regn:

04, 16

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

Truck / Traller or

Make:

Yamaha

1157

c.c

117

Colour

9

A/C:

Insured / Std / NI / NA

Sp. Reading

96504

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

PMYUEU15106 0008776

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

70/80R17

R:

80/90R17

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

TOYO / YOKO or

MAHIS

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

30/11/22

D.O.I.

8/12/2022

Survey held at

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

& n/s body

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

Date/Time, File Pass to?

☐

: Prel. Report

1) 23/3/23

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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