

ASS. REC. BY:

REF:

15B/ 23003459/Kn

Kenneth

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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBL9332X

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

Yamaha YZF-R15cc 150

Colour

Blue / Silver

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng No:

C/N:

MEIKG-0897H 2002078

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

110/70R12

R:

140/70R12

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

21/9/23

D.O.I.

4/4/2023

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / Est not ready

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



: Site Insp (\$

) S + RS, SI



: Interview (\$

) Fuel



: Tech Invs (\$

) Others



: Weekend (\$

)

TOTAL

Report Format:

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

Report Format:

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

Add Fee:



: Interview (\$

) Fuel



: Tech Invs (\$

) Others



: Weekend (\$

)

TOTAL