

(08/11/13)

ASS. REC. BY:

REF

C93/H5B23005198/59p3

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. _____

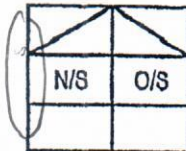
Claims No. _____

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: 73K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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: FBU 7664D Yr Regn: 06/03/23Type: M.Car M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: YAMAHA XMAX 300 ABS C.C. 292Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 4454 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH35H2221110 04434

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NIL / S/Rlm / STD A/Rlm orTyre Size: F: 120/70-15R: 150/70-14

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 13/5/23 D.O.I. 26/5/23Survey held at BIASO TECHNOLOGIES

Des. of Damages: Frt / 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 Action / Instruction

range - \$7K - \$3K (quoted by Marwan)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) _____