ASS. REC. BY: Kenneth | REF: AG21

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / TWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s: Vicious

of: 71 Woodlands Ave 10

Insured: CI-13 7904

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: $32k

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

Date: 05131 Person Contacted: Matt Vehicle: IN / OUT 85336256

Veh No: FBM 3744A Yr Regn: 11 11

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

Make: Harley Davidson c.c 1690

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp.Reading: 73298 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5HD1GBMC3CC300778

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 130/70R18

R: 160/70R17

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 8/6/23 D.O.I. 18/7/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
/	24 not ready

Time, File Pass to? _____ ☐ : Prell. Report ☐ : Final Report

Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: ___ $ + RS. ___ SI

Add Fee: ☐ : Site Insp ($ _____) Parking _____

☐ : Interview ($ _____) Others _____

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL _____

t Format :

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

☐ Weekend ($ _____) Others _____

TOTAL _____