

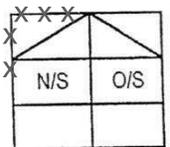
ASS. REC. BY: Steve

REF: FCI

**ASSIGNMENT**

PRS  
 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 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: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: **IN / OUT**

Veh No: FBV3303S Yr Regn: 20 Jul 2023  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
 Make: YAMAHA MTN155 c.c 155  
 Colour Blue A/C: Insured / Std / NI / NA  
 Sp. Reading 17401 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MH3RG711000001544  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 110/70ZR17  
 R: 150/70ZR17  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or MITAS  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. 20/07/24 D.O.I. 22/08/24  
 Survey held at ONG MOTOR  
 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
	MV - \$14k
	repair range \$1k - \$1500. 2 days

Date/Time, File Pass to?  : **Preli. Report**  
 : **Final Report**  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Rep. Format : \_\_\_\_\_  
 Lump Sum / I.B.I. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_

Survey Fee:	
Transportation:	
_____ S + RS. _____ SI	
Photos	
Others	
TOTAL	