

ASS. REC. BY: **Steve**

REF:

CS3/MSG24100445/Enp3

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. _____

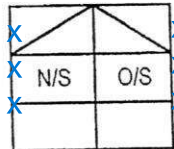
Claims No. _____

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 Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **FBK 4402R** Yr Regn: _____ /

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

Truck / Trailer or _____

Make: **KTM 200 Duke** C.C. **199**Colour **Orange** A/C: Insured / Std / NI / NASp. Reading **49640** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **VBKJUC409FC039910** *

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: **110/70-17**R: **150/60-17**

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

TOYO / YOKO or **MAXXIS**

Front _____ Rear _____

R/Bal. **5** mm R/Bal. **5** mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. **13/10/24** D.O.I. **25/10/24**Survey held at **Ong Motor (Macpherson Road)**

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
	Moto 51 pte ltd 6842 0051 or 6744 0510 call request GIA report
	submit prs
	repair range \$1000-\$1500 and 2 days

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / LB: (\$) _____

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