PRS

REF: MTD

ASSIGNMENT

From: Date: 21.11.2017

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: FBB 8485Y

at Workshop m/s: Speedy Motor

c/: 10 AMK Ind Park 2A #05-21

Insured:

Policy No.:

Claims No.:

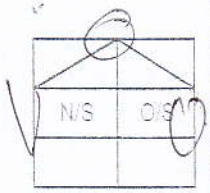
Sum Insured: Excess:

(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

OA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date: Person Contacted:

Veh No: FBB8485Y. Yr Regn: AUG 2007

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

Make: HONDA CB400 cc: 399

Colour: White/RED A/C: Insured / Std / NI / NA

Sp.Reading: 134128. T/Radio: Insured / Std / NI / NA

Eng No:

C/No: JH2NC39976M200902.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Border / Jammed / Leaked / Burnt or

Brake: Border / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size F: 120/60/R17 MEIZELER

R: 160/60/R17 MIC

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7. mm
L/Bal.	mm	L/Bal.	mm

D.O.A: 15/11/2017. D.O.I: 21/11/2017.

Survey held at:

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

FRT / OS BODY NS BODY.

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

Date / Time	Action / Instruction

Date/Time File Pass to: ☐ : Preli. Report ☐ : Final Report

Days Of Repair:

Date/Time File Return to: Resurvey No. of Trip: Survey Fee

Add Fee: ☐ Site Insp. $ ☐ Interview $ ☐ Tech. Insp. $ ☐ Telephone $

Report Format: Lump Sum / I.B. / $