

REC. BY: Ram

REF: MSIG

PRS

ASSIGNMENT

From: _____ Date: 3.4.2020

Veh No: FBF 171J Yr Regn: 30/12/2010

Estimated Cost: _____

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

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

Truck / Trailer or _____

To Inspect Vehicle No: FBF 171J

Make: Honda CBF 150 c.c. 149

at Workshop m/s Global moto

Colour: BLACK A/C: Insured / Std / NI / NA

of BIK 53 UB Dva 1 #01-12

Sp. Reading: 08745 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: LALKC11A7A3348040

Claims No. _____

Gen. Cond: Good (Fair) Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or BT

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: ABA 11.00 am

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

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
N/S	O/S

Tyre Size: F: 70/80 R18

R: 90/90 R18

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

TOYO / YOKO or DEESTONE

Bal. or Market Value: _____

Front Rear

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. A mm R/Bal. S mm

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

L/Bal. - mm L/Bal. - mm

Est. Repairs: _____ days Res.: Yes or No

D.O.A. 29/03/2020 D.O.I. 3/04/2020

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at Global motor

CA / REV / REP. / 24 HRS "1/4"

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	Range: \$1000-\$1500 STEVEN: 82884488
	Repair days: 4 repair days
	Submit PRS Report
	MV: \$1200
	PV: \$105
	NV: \$1095/-

Date/Time, File Pass to? : Preli. Report : Final Report

Days Of Repair: _____

1) Date/Time, File Return to?

Resurvey No. of Trip: _____

2) _____

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

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

Report Format : _____

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