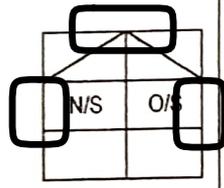


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s MCS AUTO
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: FBL 8977S Yr Regn: — /
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HONDA CBF190X C.C. —
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: — T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil S/Rim / STD A/Rim or _____

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



Tyre Size: F: 100/80-17
 R: 130/70-17
 BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

<u>Front</u>	<u>Rear</u>
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. _____ mm	L/Bal. _____ mm
D.O.A. _____	D.O.I. <u>28-08-2020</u>

 Survey held at W/S 4:40pm
 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
28/08	Estimate & GIA give later

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Photos: _____
 Other: _____
 TOTAL: _____