

Assigned By: **EQ****PRS****ASSIGNMENT**

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. **6525255254SG**

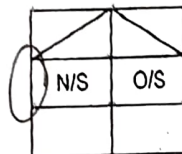
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: **9K**

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: **5** 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: **FBQ475P**

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

Truck / Trailer or

Make: **Yamaha**Colour: **Red**Sp Reading: **28576**

Eng/No: _____

C/No: **MH3564640KJ053020**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: **MH** / S/Rim / STD A/Rim orTyre Size: F: **110/80-14**R: **140/70-14**

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

TOYO / YOKO or _____

Front

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

D.O.A. _____

Survey held at **W/S**Des. of Damages: Frt / Rear / O/S / **M/S** / UIC / Rooftop or

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

Rear

R/Bal. **5** mmL/Bal. **5** mmD.O.I. **11-03-21****11:30**

Date / Time

Action / Instruction

Get Body Insured**17/05/21 Submit DAR; 5 repair days.**

Date/Time, File Pass to?



: Preli. Report



: Final Report

1) 17/05 Typist

Date/Time, File Return to?

Days Of Repair: **5**

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Other (\$

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Other

MER-DAR