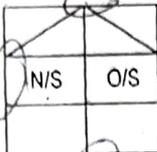


ASSIGNMENT

From: 602 Date: PR S
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/s: MCS Auto
 of: _____
 Insured: SJY 7900G
 Policy No: 1900019657
 Claims No: 3256832814SG
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: FDG 4399M yr Regn: 17 Jul 2012
 Type: M.Cdr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Yamaha Jupiter CC: 134
 Colour: Red A/C: Insured / Std / NI / NA
 Sp Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH 350C 002CK 360806
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Mt / S/Rim / STD A/Rim or
 Tyre Size: F: 80/90-17
 R: 90/80-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____



(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 Bal. or Market Value: \$2500 1500
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est Repairs: 3 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front 4 mm Rear 4 mm
 R/Bal. 4 mm L/Bal. 4 mm
 L/Bal. 4 mm
 D.O.A. 08-03-21 w/s D.O.I. 17-03-21
 Survey held at _____
 Des. of Damages: FR / REAR / O/S / NIS / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	<u>ok: 227</u>
	<u>Got Body injured</u>
<u>17/5/21</u>	<u>Submit DAR</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Date/Time, File Return to? 17/5/21-Typist
 Report Format: DAR
 Days Of Repair: 5
 Resurvey No. of Trip: _____
 Add Fee: Site Insp (\$) _____
 Interview (\$) _____
 Tech. Insp (\$) _____
 Misc. Insp (\$) _____
 Survey Fee: _____
 Transportation: _____
 3 + RS: _____
 Photos: _____
 Other: _____
 TOTAL: _____