ASS. REC. BY: Steve | DEPT: CS/AIG2105336/Eg-f3

ASSIGNMENT

From: PRS Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No. 8736734813SG

Sum Insured: Excess:
(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S O/S

Mkt. or Market Value: 12.5K(est)

IDAC Accident Rpot: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: FBJ 9455Z Yr Regn: 9/1/19

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

Make: Honda ADV150 c.c 149

Colour: Red A/C: Insured / Std / NI / N

Sp.Reading T/Radio: Insured / Std / NI / N

Eng/No:

C/No: MH1KF6110KK007856

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110/80-14

R: 130/70-13

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	29/4/21	D.O.I.	3/5/21

Survey held at Two-Wheeled

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
	MV - 12,500
15/10/21	Submit Extensive Total Loss report.
	MV:$12.5K; LTA:$3137; NV:$9363

Date/Time, File Rec'd/A: ☐ : Prell. Report

15/10 Typist ☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:
Transportation:
S + R$ GST
Photos
Others
TOTAL

Report Form : MER-TL-E

Scanned with CamScanner