

ASS. REQ. BY:

Steve

REPT

CS/AIG21005336/Eg.f3

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

8736734813SG

Sum Insured:

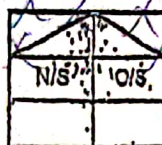
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

12.5K(est)

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Sent:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Sum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FRQ 94552

Yr Regn:

9/1/19

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

Truck / Trailer or

Make:

Honda ADV150

C.C. 149

Colour:

Red

A/O: Insured / Std / NI / N

Sp. Reading

T/Ratio: Insured / Std / NI / N

Eng/No:

C/Nr:

MH 1KF 6110 KK 00 7856

Gen. Cond: Good / Fair / Poor / Bupl

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

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

Tyre Size:

F:

110/80-14

R:

130/70-13

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

TOYO / YOKO or

Front

Rear

R/Bal:

5

mm

R/Bal:

5

mm

U/Bal:

mm

U/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 / UIC / Rooftop or

The / 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

via/Time, File Pass to:

☐

Prell. Report

15/10 Typist

☐

Final Report

via/Time, File Return to:

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

8 + 13.50

Private

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

☐

Weekend (\$

Special Form: MER-TL-E

WIP Sum / 15/10/21