

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD ☒ TP ☒ / S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____
 at Workshop m/s GUSTO WORKSHOP

of _____
 Insured: _____

Policy No. _____

Claims No. _____

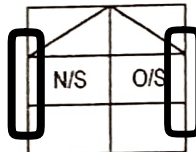
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBE5684T Yr Regn: 07/05/2019

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

Truck / Trailer or

Make: YAMAHA T135 c.c. 135

Colour: Blue 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: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: ☒ Nil / Rim / STD A/Rim or

Tyre Size: F: 70/90-17

R: //

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. D.O.I. 19-07-2021

Survey held at W/S 5PM

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
	Guo Qiang finalised LS \$700, 2 days. (Red \$1874.60, 73%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 06/12 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : A/Weekend (\$

3 + RS. SI

Photos

Other:

TOTAL

Report Finalised: MER-TP

Lump Sum Fee: 700