ASS. REC. BY: Steve | DEPT: CSJ/A1621010465/EqF3

ASSIGNMENT

From: PRS 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. 9326419143SG

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: FBK 7656E Yr Regn: 12/1/16

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

Make: Honda CB400X c.c 399

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

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

Eng/No:

C/No: NC47100631

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: 120/60-17

R: 160/60-17

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	8/10/21	D.O.I.	19/10/21

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	MK- 11.K
01/11/21	Submit DAR.

Date/Time, File,Pass to? : Prell. Report

01/11 Typist : Final Report

Date/Time, File Return to?

Report Format : MER-DAR

Days Of Repair: 3

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S RS SI

Private

Others

TOTAL