

ASS. BY Steve

CS3/ASM21012427/ER93

PRS

ASSIGNMENT

Date: _____
Estimated Cost: _____
To inspect Vehicle No: _____
at Workshop no: _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____
(Client's Record) _____
Make of Vehicle: _____

(Policy Condition)
Remarks: The vehicle has commenced its repair at the time of inspection.

Det. or Market Value: _____
ICAC Accident Report: _____ Consistently: Yes or No
DIA / PA Seen: _____ Consistently: Yes or No
Est. Received: _____ days Res.: Yes or No
Cum Sum: _____ % V. Val.: Yes or No
QA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____

Date/Time: _____ Action/Inspection: _____
MV-15K

Vehicle: FBR919G
Type: Motor / Cycle / Bus / Van / Lorry / Motor / Pedal Motor /
Truck / Trailer or
Make: Yamaha R3
Colour: Black
Sp. Reading: 10186
Eng/No: MH3RH12D-000007479
On. Condi: Good / Fair / Poor / Worst
Steering: Jammed / Locked / Burnt or
Brakes: Jammed / Locked / Burnt or
Model: 110/70R17
Tyre Size: 110/70R17
SS / DUN / EXNOVA / CY / FS / LIZ / MIC / OHSU / PIR / SUM /
TOYO / YOKO or Pirelli
Front: 4 mm
Rear: 4 mm
D.O.A. 5/12/21 Bikers Avenue
Survey held at
Det. of Damages: Pri / Rear / O/S / M/S / V/S / Right / Left
The V/S / Chassis frame / Body structure affected due to collision

Meeting, File, Report: _____
Final Report: _____
Meeting, File, Report: _____
Meeting, File, Report: _____

Days of Repair: _____
Resurvey No. of Trip: _____
Add Foot: _____
Sills Insp (\$)
Interview (\$)
Trach. Insp (\$)
Washhand (\$)
Survey Fee
Transportation
S. & S. S.
Fuels
Others
TOTAL