ASS. REC. BY: Steve REF: CS/FC/22003934/EVY3

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. D22000503MFCE/PTE/OD

Sum Insured: Excess: 1500

(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

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBK5629Y Yr Regn: 4/11/15

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

Make: Honda CB400X c.c 399

Colour White A/C: Insured / Std / Nil / NA

Sp.Reading N/A T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: JH2NC4797EK000430

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: 120/70ZR17

R: 160/60ZR17

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. 20/6/21		D.O.I. 27/4/22	

Survey held at Comfortdelgro

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 - 7K (check with M[illegible] Total loss
28/4/22	Steve said MV change to $8,000
5/5/22	Submit uneconomical T/L-mv:$8000 lta:$2226 nv:$5774
	revised $24,249

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

1) : Final Report

Date/Time, File Return to?

2) 5/5/22-typist

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

__$ + RS.__SI

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I: ($)

Scanned with CamScanner