

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ / N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s MCS AUTO

of

Insured:

Policy No.

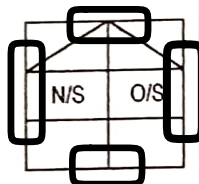
Claims No.

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: \$6500

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBL7850E

Yr Regn: 16 Mar/2017

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

Truck / Trailer or

Make: HONDA GLR1251WH c.c. 125

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: —

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LWBJC74A8H1000041 *

Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: ☒ ☐ Jammed / Leaked / Burnt orBrake: ☒ ☐ Jammed / Leaked / Burnt orModi: ☒ Nil ☐ S/Rim / STD A/Rim or

Tyre Size: F: 80/90-18

R: 3.60-18

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

TOYO / YOKO or GOLDEN BOY

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. mm

L/Bal. mm

D.O.A.

D.O.I. 04-11-2022

Survey held at

W/S

4:20PM

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

\$2000 - \$3000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

\$ + RS. SI

☐ : Interview (\$

Photos

☐ : Tech. Insp (\$

Other:

☐ : A/Weekend (\$

TOTAL

Report Filed:

Long Cond / MPB: