

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s TUNE IN MOTOR

of

Insured:

Policy No.

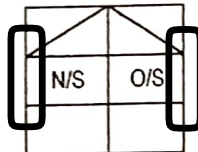
Claims No.

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: \$13k

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: FBS7584L

Yr Regn: 23 Jul/2021

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

Truck / Trailer or

Make: YAMAHA T155

c.c 155

Colour: BLUE

A/C: Insured / Std / NI / NA

Sp. Reading: —

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RLCUG1610MY001195 *

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

Tyre Size: F: 80/90-17

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. 28-10-2022

Survey held at

W/S

3:30PM

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)

Date/Time, File Return to?

☐ : Final Report

2)

Report Filed:

Long Copy / MPB:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other:

TOTAL