REF: CS3/INC250605022/Eqh3

ASS. REC. BY: Steve	GNMENT
PRS	Veh No: FBP 9097D Yr Regn: /
From: Date:	Veh No: FBP 9097D Yr Regn: // Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Yamaha AEROX c.c 155
at Workshop m/s	Colour Red A/C: Insured / Std / NI / NA
of	Sp.Reading 113651 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	c/No: MH3SG4640KJ053699
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 110/80-14
(Policy Condition)	R: 140/70-14
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or PIRELLI
Del ex Modret Volus:	Front Rear
Bal. or Market Value:  Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
DAG Accident ripore	L/Bal. mm L/Bal. mm
Dear Veg or No.	D.O.A. 17/05/2025 D.O.I. 04/06/25
2 Val. Van ar No	Survey held at EQBH PTE LTD
Lum Sum: % 3 val.: res of No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	
Vehicle: IN / OU  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
NI OIA	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	ee: : Site Insp (\$)s+Rssi
	: Interview (\$ ) Photos
Reperisonal:	: Tech. Invs (\$ ) Others
Lump Sum / LBJ: (%	:Weelland (%
	TOTAL