

ASS. REC. BY: **Steve**

REF:

CS/GAI24110237/Enp3

ASSIGNMENT

27 Nov 2008

PRS

From: _____ 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. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

| | | | |
|-----|-----|---|---|
| X | X | X | X |
| N/S | O/S | | |
| | | | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: **FBD 1953Z** Yr Regn: _____

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

Truck / Trailer or _____

Make: **Ducati 848** C.C. **849**Colour **White** A/C: Insured / Std / NI / NASp. Reading **N/A** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **ZDMH600AA8B007429**

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: **180/55ZR17**

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

TOYO / YOKO or **PIRELLI**Front RearR/Bal. **5** mm R/Bal. **5** mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. **07/08/24** D.O.I. **13/11/24**Survey held at **SG MOTORS PTE LTD**

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 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| | No GIA report -total loss |
| | |
| | Workshop no give estimate. Submit PRS. Than Lawyer will come back put total loss. then we comment total loss. I take chassis frame DD already. |
| | |
| | mv \$11k (est) |
| | lta \$1927 |
| | nv \$9073 |

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Report Format: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Lump Sum / L.B. (\$) _____