REF:

CS3/FCI24110277/Enp3

ASSIGNMENT

From: Date: Veh No: Dicycle / Husyl / Track / Prime Mover / Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Electric Bicycle Make: E-Bike c.c at Workshop m/s of Black A/C: Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Policy No. Eng/No: Claims No. Gen. Cond: Good / Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or	
To Inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: E-Bike C.C Colour Black A/C: Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Colour Black Colour Black A/C: Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: C/No: Gen. Cond: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or	
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Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or	Ž 1
Brake: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	
Make of Veh: Modi: Nil / S/Rim / STD A/Rim or	
Tyre Size: F: 26/1.95/50-559	
(Policy Condition)	
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 BLACKCAT	
Bal. or Market Value: Front Rear	
IDAC Accident Rport: Consistent?: Yes of No	ım
GIA / PR Seen: Consistent?: Yes or No	nm
Est. Repairs: days Res.: Yes or No D.O.A. D.O.I.	
Lum Sum: % 3 Val.: Yes or No Survey held at 218 BEDOK NORTH STREET 1 #)1-4′
CA / REV / REP. / 24 HRS	
Vehicle: IN / OUT	
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collis	1011.
Date / Time Action / Instruction	
	P.
Date/Time, File Pass to? : Preli. Report Days Of Repair:	
: Final Report Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	
2) Add Fee: : Site Insp (\$)s+Rssi	
: Interview (\$) Photos	
Repet Formal: : Tech. Invs (\$) Others	
Lump Sum / LB J: (%) : Weet end (%)	-
TOTAL	