

ASS. REC. BY: **Steve**REF: **CS/TP24070030/Evc****ASSIGNMENT****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. _____

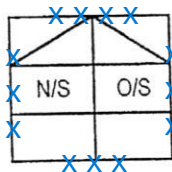
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **FBP 4788B** Yr Regn: _____ / **2019**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Yamaha LC135** C.C. **135**Colour **Multi-colour** A/C: **Insured / Std / NI / NA**Sp. Reading **N/A** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **MH3UG0740K0152705 ***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: **70/90-17**R: **80/90-17**

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

TOYO / YOKO or **CORSA**

Front _____ Rear _____

R/Bal. **5** mm R/Bal. **5** mm

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

D.O.A. **27/11/23** D.O.I. **01/07/24**Survey held at **TUCK LIFE PTE LTD**Des. of Damages: **Frnt / Rear / O/S / N/S / U/C / Rooftop** or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Workshop no GIA report
4/7/24	submit extensive total loss-mv: \$8,000 (estimated at the time of inspection) Ita: \$1670 nv:\$6330

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

280 (exclude gst)