(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/ 101 24072501 / Unp3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: FBJ 6092T

at Workshop m/s Eratlee

of

Insured: SLV1329M

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.

N/S O/S

Bal. or Market Value: $15500

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 70 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

730t

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBJ6092T Yr Regn: 13/09/10

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

Make: Yamaha TMax 500 c.c 499

Colour Maroon A/C: Insured / Std / NI / NA

Sp.Reading 13558 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JYASJ06100047319

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 / 70 - 15

R: 160 / 60 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	26/07/24	D.O.I.	31/7/24

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear O/S, N/S Body

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

Date / Time	Action / Instruction
	0923600
	Check bike fall on left, accident scene photo at folder
	cover until 31-07-2030 AYA 82611 B.1 GYM.
4/10/24	L/S $2800 inform AM Kian.
	(Red. $5579, 66%)

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	250
Transportation:	60
S + RS, SI	80
Photos	109
Others	
TOTAL	499