

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBF 8555H
at Workshop m/s SG Motor BIK 4001
of Ang Mo Kio Ind Park 1 H21-21
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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBF 8555H Yr Regn: 28 Jun 2012Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Yamaha YZF-R15 c.c. 150Colour: Blue A/C: Insured / Std / NI / NASp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ME11CK014C2019891Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 90/80R17R: 170-17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

R/Bal. 5 mm

L/Bal. _____ mm

D.O.A. _____

Survey held at SG MotorDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orO/S

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

Date/Time Action / Instruction

15/06/2014 15:30HRS- T.P.O- Receive QID Report

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS, \$ _____

Photos _____

Others _____

TOTAL

Report Format: _____

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