Surveyor: Xrl. REF: ASM

ASSIGNMENT

From: Date: 26/2/18

Estimated Cost:

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

To Inspect Vehicle No: SJH5349B

at Workshop m/s: Cycle & Carriage Fulco

of: 330 Ubi Rd 3

Insured:

Policy No:

Claims No:

Sum Insured: ~~[illegible]~~ Excess:

(Client's Record): Chrstopher 96552177

Make of Veh:

(Policy Condition)

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

Bal. or Market Value: $13K.

IDAC Accident Rport: 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: SJH5349B Yr Regn: 13 Aug 2008

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

Make: M.i.t lancer 1.5 cc: 1499

Colour: silver A/C: Insured / Std / Nil / NA

Sp.Reading: 176623 T/Radio: Insured / Std / Nil / NA

Eng No:

C/No: JMYSRCY2A84007704

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: "

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

	N/S	O/S

Front		Rear	
R/Bal:	6 mm	R/Bal:	6 mm
L/Bal:	6 mm	L/Bal:	6 mm
D.O.A:		D.O.I:	26-02-18

Survey held at: w/s 11:30AM

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
26/2		offer chris $4000

Date/Time File Pass to:

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time File Return to:

Add Fee: Site Insp $

Inter $

Tech $

Weekend $

Report Format:

Lump Sum / I.B. / $