(08/11/13)

Surveyor: XML.

REF: ATM

RGMS J

(-2027)

ASSIGNMENT

From: Date: 29062018

Estimated Cost:

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

To Inspect Vehicle No: FBB 6434H

at Workshop m/s ATAN Motoring

of Blk 3006 Ubi Rd 1 #01-370

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

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: FBB6434H Yr Regn: 08 Jun 2007

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

Make: Honda CB400 c.c 399

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

Sp.Reading 357970 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JH2NC39916M200622

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:

R: 160/60R17

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

Front			Rear		
R/Bal.	4	mm	R/Bal.	4	mm
L/Bal.		mm	L/Bal.		mm
D.O.A.			D.O.I.	29-06-18	

Survey held at W/S 5pm

Des. of Damages : Fr / Rear / O/S / N/S / U/C / Rooftop or and

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

Date / Time	Action / Instruction

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

1) ☐ : Final Report

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__SI

Photos

Others

TOTAL

Report Format :

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