(08/11/13) wef

ASS. REC. BY:

REF: III

ASSIGNMENT

From: Date: 30/7/18

Estimated Cost:

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

To Inspect Vehicle No: FD 1557L

at Workshop m/s Erotica Motor

of 1 Kaki Bkt Ave 6 #02-62

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.

N/S	O/S

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 (up) 31/1/2023

Date: Person Contacted: Vehicle: IN / OUT

Veh No: FD 1557L Yr Regn: 9 / 84

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

Truck / Trailer or

Make: VESPA PX20 c.c 200

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

Sp.Reading 4731 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VSE1M022 66.20

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 3.50 - 10

R:

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

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	21/7/18	D.O.I.	30/7/18

Survey held at

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

frt, O/S Body.

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

Date / Time	Action / Instruction
	4 tyres. 6 rds. LTA $10

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
__S + RS, __SI	
Photos	
Others	
TOTAL	