ASS. REC. BY:

REF: 19445/019.

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

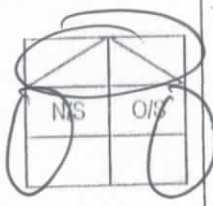
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: JSB 5930 Yr Regn: 2017/April

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

Make: Yamaha Y15ZR c.c 150

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

Sp.Reading 70873 T/Radio: Insured / Std / NI / NA

Eng/No: G3D3E-05750G

C/No: PMYUG0510H0058439

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or broken

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 70/90 R17

R: 80/90 R17

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	05/10/2019	D.O.I.	04/11/2019

Survey held at SG98 AMK

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front 4 O/S Portion 4 N/S Portion

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

Date / Time	Action / Instruction
	RWD SLQ 5808Y
	MV dot 8K RM

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 ($)

Survey Fee:

Transportation: $ + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.P.I: (%)