

ASS. REC. BY:

CC4/FWD2007069/Dgs

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. _____

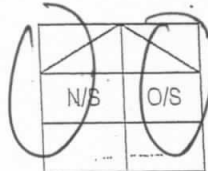
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBQ 3013E Yr Regn: Sept 2019

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

Truck / Trailer or

Make: Yamaha GDR 155 C.C. 155Colour: Red A/C: Insured / Std / NI / NASp. Reading: N.A. T/Radio: Insured / Std / NI / NAEng/No: G3J8E0104623C/No: MH3SG46401K5055807Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil S/Rim / STD A/Rim orTyre Size: F: 110/80R14R: 140/70R14

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. mm L/Bal. mm

D.O.A. 17/06/2020 D.O.A. 08/07/2020Survey held at SG98 AMK

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

N/S Portion y O/S Portion

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

Date / Time

Action / Instruction

FWD SDY 8200H

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)