(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/1112001 0872/Upa3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBN5529L

at Workshop m/s 3HH

of

Insured: SHC14227

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: $8500

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 13.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS LYA 3176

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBN5529L Yr Regn: 10/18

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

Make: Yamaha NMAX c.c 155

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

Sp.Reading 34457 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MH3SG43100008517

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: 110-70-13

R: 130-70-13

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	29/9/20	D.O.I.	9/10/20

Survey held at

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

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

Date / Time	Action / Instruction
	Nett $32x
28/10/20	confirmed fixed by $1301.10 with Raymond.

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:

Add Fee: ☐ : Site Insp ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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