(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/1112001350 6/UP&3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBB 878G

at Workshop m/s Sonfu Motor

of

Insured: SHC2291C

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: $2K.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS $160

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBB 878G Yr Regn: 8/07

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

Make: Yamaha X-1R c.c 135

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

Sp.Reading 36884 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 4S3001522

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inorder / Jammed / Leaked / Burnt~~ or offroad

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 80-90-17

R: 90-80-17 Timsun

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

Front		Rear	
R/Bal.	✓ mm	R/Bal.	✓ mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	9/11/20	D.O.I.	8/12/20

Survey held at —

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

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

Date / Time	Action / Instruction
	COE 27-8-2022 LTA 1040 Nett 960.
17/7/21	L/S $900 confirmed with yeedo

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 ($)

Report Format :

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

TOTAL