ASS. REC. BY: GQ | REF: CS3/AIG20007671/Gqf3-1

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s LKT GROUP

of

Insured:

Policy No.

Claims No. 1881466184SG

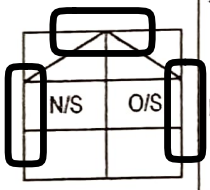
Sum Insured: Excess:

(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: 3 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: FU 396B Yr Regn: 18 Jun 2019

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

Make: YAMAHA AEROX GDR155A c.c 155

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

Sp.Reading 10642 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MH3SG4640KJ050351 *

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: 90/90-14

R: 100/90-14

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	11-02-2021

Survey held at W/S 10:20

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

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

Date / Time	Action / Instruction
	Submit LS $3700, 3 days (Red $4050, 52%)

Date/Time, File Pass to?

1) 02/03 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: 3 + RS. SI

Photos

Others

TOTAL

Project Funded : TR

Lump Sum Allowed : 3700