(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ AIG2100286/UPS3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBE 5706P

at Workshop m/s Soo Fu

of

Insured:

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: 4 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: FBE 5706P Yr Regn: 16/6/10

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

Make: Yamaha X-1R c.c 135

Colour multi colour A/C: **Insured / Std / NI / NA**

Sp.Reading 45325 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: 4S3304125

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: ~~**Inorder / Jammed / Leaked / Burnt**~~ or affected

Brake: **Inorder / Jammed / Leaked / Burnt** or

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

Tyre Size: **F:** 80-90-17

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	19/2/21	D.O.I.	3/3/21

Survey held at

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

o/s frt / o/s Body

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

Date / Time	Action / Instruction
	LYA @ 4054 coe until 15-6-2030
	MGY @ 4446
	BI involved
10/3/21	L/S $2000 confirmed with Mr Teo

Date/Time, File Pass to? ☐ : **Preli. Report**

1) ☐ : **Final Report**

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL