

21/05/2021

CS3/INC19018821/Gud3-1

ASS. REC. NO.

GUO QIANG

REF:

02/12/2017/19018821/Gud3

Special Instruction:

Owner:

Jenny Pe

ASSIGNMENT (Office)

21.05.2021

From (Person):

The 1st vehicle

of

INK

Date/Time:

21/05/2021 10:00

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBH 5371E

Insured:

YN 85300

at Workshop in/s

Karz works

Tel:

8844 2475.

of

53 ubi Avenue 1 #01-23

Policy No:

Claim No:

MT/1067552-002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

18/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:55am @ 23/10/19

Person Contacted:

Shushan

Vehicle IN/OUT

Date/Time	Action/Instruction
	3rd party (X)
	YN 85300: X
	FBH 5371E: NA/32E19018821/Gud3 D.O.A: 18/10/2019
	Discontinue: 24/10/2019
	After repair: 1/11/2019

ASS. REC. BY: **GUO QIANG**

REF: **NTUC CS3/INC19018821/Gud3-1**

PRS

21.05.2021

ASSIGNMENT

From: _____ Date: ~~23/10/2019~~
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **FBH 5371 E**
 at Workshop m/s: **Teamwork**
 of **53 ubi Avenue 1 # 01-23**
 Insured: _____
 Policy No: _____
 Claims No: **MT/1067552-002**
 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: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 3 5 days Res.: Yes or No
 Lump Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS ^(up)
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **FBH 5371 E** Yr Regn: **17/06/13**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Yamaha FA165T** cc **153**
 Colour: **red** A/C: Insured / Std / NI / NA
 Sp. Reading: **4980/km** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **ME14550B502008836**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **100/80/R17**
 R: **140/70/R17**

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

Front 5-PIR Rear 5-PIR
 R/Bal: _____ mm R/Bal: _____ mm
 L/Bal: _____ mm L/Bal: _____ mm
 D.O.A. 18/10/19 D.O.I. 23/10/19
 Survey held at Teamwork
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

14/6/2021 Confirmed final fig L/S \$2300, 5 repair days.
 (RED \$1900; 45%)

* **FBH 5371 E (PRS) conf**

MV - 3800
PV - 597
NV - 3200

Range -> 25-3K
repair Days - 3 days

Date/Time File Pass to? ☐ : Prel. Report
14/6 TYPIST ☐ : Final Report
 Date/Time File Return to?

Days Of Repair: **5**
 Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp. (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Wheel and (\$)

Survey Fee:
 Transportation
 S + PS \$
 Phone
 Others

Report Format: **IRS.**
 Lump Sum / **\$2300**

PS/PA

\$500