

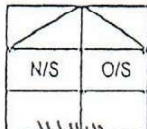
SEA FILE BY: ThavanREF: CS3/ASM 21006 794/VAC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
QD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 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.

Bal. or Market Value: 15K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: F354366u Yr Regn: 19/4/2021
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda adv 150 c.c. 150Colour: White A/C: Insured / Std / NI / NASp. Reading: 1902 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: K38/008915Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 110/80R14R: 130/70R13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or MAXXIS

Front

Rear

R/Bal. 7 mmR/Bal. 7 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 15/6/21D.O.I. 17/6/21 1530pmSurvey held at united cycles w/sDes. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/tp or

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

Date / Time Action / Instruction

MU: 15Krebate: 7868NU: 7132rr: 1.5k - 2k

15th Jan brand new from boon siew
as at 17/6/21 is \$16850

Date/Time File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fines: _____

Others: _____

Total: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Witness (\$ _____)

Report Form 1:

Form 1 (1/1)