

ASS. REC. BY: Tang JH REF: CC4/ASM 2106792/T1rs3

ASSIGNMENT

Lo E 2022 March

From: _____ Date: _____
Estimated Cost: _____
OD / 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.

N/S	O/S

Bal. or Market Value: \$2000
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: EBG1097D Yr Regn: 2012 / March
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Yamaha FZ16 c.c. 153
Colour: Red A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ME12107117027269
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / 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: _____ Rear: _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. _____ D.O.I. 20/10/21
Survey held at SG 28 Motor
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
	<u>To check liability and inform workshop.</u>

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) _____
Rep. Format: _____
Lump Sum / L&A? _____

Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	