

ASSIGNMENT

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. M12D17292201

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

LTA 6960

Veh No:

FB5911Y

Yr Regn:

08/01/21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Yamaha AEROX 6DR15 cc / 155

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

32446

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MH3564640LJO71052

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:

110-70-14

R:

120-70-14

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

21/12/21

D.O.I.

24/12/21

Survey held at

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

Rear & O/S Body

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

Date / Time

Action / Instruction

new bike 15cc. nett \$5040
NAC Reporting check have video

6/1/22 P/P \$3871.90 informed MR Teo. (Red 5492.30, 58%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 6/1/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

250

60

80+80

134

604

Report Format: TP

Lump Sum / I.B.I: (\$ 3871.90)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$