

ASS. REC. BY:

Steve

CS/AIG 21097359/

Eqy3-1

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.

1645763836SG

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:

\$17K(est)

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repaire:

4 days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBKSS 75T

Yr Regn: 27/06/2020

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

Truck / Trailer or

Make:

Yamaha X max

c.c. 292

Colour:

Blue

A/C: Insured / Std / NI / N

Sp. Reading

N/A

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MH3SH3842LK 010919

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

120/72-15

R:

145/72-14

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

U/Bal.

mm

U/Bal.

mm

D.O.A.

17/6/21

D.O.I.

6/7/21

Survey held at

Har Min

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

08/07/21 Submit DAR.

01/04/22 Submit LS \$3650, 4 days. (Red \$1050, 22%)

Date/Time, File, Poss lot.



: Prel. Report

01/04 Typist



: Final Report

Date/Time, File Return lot

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (%)



: Weekend (%)

Survey Fee:

Transportation:

\$ + RS, \$1

Phone

Others

TOTAL

Date/Time, File, Poss lot.

IP

Date/Time, File Return lot

3650