CS3/ASM21002655/Gvy3-1

REC'D BY: Gd PRS AXA

(~2023)

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: &

at Workshop m/s Equator Brotherhood

of

Insured: SHC 3998R

Policy No. 22.29595CFT

Claims No. S1M0359J

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: $5000

IDAC Accident Rport: 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: FX 898D Yr Regn: 22 Aug 2003

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

Make: Honda Phantom c.c 197

A/C: Insured / Std / NI / NA

Colour Black

T/Radio: Insured / Std / NI / NA

Sp.Reading 93429

Eng/No:

C/No: TA200018113.

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: 100/80-17 (Deli)

R: 130/90-15 (Vee Rubber)

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

Front			Rear		
R/Bal.	4	mm	R/Bal.	4	mm
L/Bal.		mm	L/Bal.		mm

D.O.A. 13/2/21 D.O.I. 26-02-21

Survey held at w/s 5pm

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
	COE: 420
	$2000 - $3000
21/4/22	Submit LS $1500 (Red 4800, 76%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 21/4/22-typist

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($

[ ] : Interview ($

[ ] : Tech. Insp ($

[ ] : Wait Time

Survey Fee:

Transportation:

___S + PS___SI

Photos

Others

Total