

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s **KANG CAR REPAIRERS**

of

Insured:

Policy No.

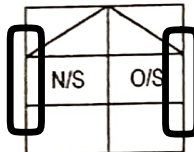
Claims No.

Sum Insured: Excess: **TBA**

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**Bal. or Market Value: **\$7000**

IDAC Accident Rpt: 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: **FBN7901G**Yr Regn: **10 Dec/2018**Type: **M.Car / M.Cycle** / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Yamaha YBR125** c.c. **124**Colour: **Red** A/C: **Insured / Std / NI / NA**Sp. Reading: **81781.7** T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: **LBPRES1022J0010566**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ norder / Jammed / Leaked / Burnt orBrake: ☒ norder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: **2.75-18**

R: //

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

TOYO / YOKO or **TIMSUN**

Front

Rear

R/Bal. **5** mm R/Bal. **5** mm

L/Bal. mm L/Bal. mm

D.O.A. D.O.I. **25-04-2022**Survey held at **178 PAYA LEBAR ROAD 5:20PM**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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : A/Weekend (\$

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Card / MPB: