(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC6/AIG2203996/4903

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FB9451144

at Workshop m/s Enfield

of

Insured: SJZ3786

Policy No.

Claims No.

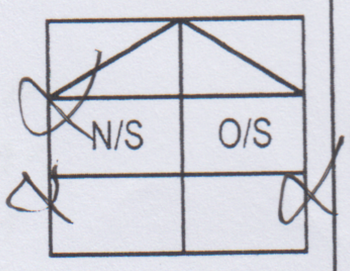
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**



Bal. or Market Value: $9200

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 4 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

1976

Vehicle: **IN / OUT**

Date: Person Contacted: LYA 3042

Veh No: FB9451144 Yr Regn: 08/10/19

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

Truck / Trailer or ADR

Make: Yamaha Aerox c.c 155

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 20391 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MH3SG4640K*J055988

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: 110/80-14

R: 140/70-14

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

TOYO / YOKO or Pirelli

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 24/04/22 D.O.I. 28/04/22

Survey held at

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

O/S Rear & N/S Body

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

Date / Time	Action / Instruction
	Nett $6488
10/5/22	F/S $4250 informed MR Teo.

Date/Time, File **Pass** to? ☐ : **Preli. Report**

1) ☐ : **Final Report**

Date/Time, File **Return** to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

___S + RS, ___SI

Photos

Others

TOTAL