ASS. REC. BY: Kenneth | REF: SMO/ 220048301/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Creation

of 3 Soon Lee St 01-38

Insured: _____

Policy No. 2106

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.

N/S	O/S
X	

Bal. or Market Value: $2800/-

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBH 4530L Yr Regn: 06 13

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

Make: Yamaha Jupiter c.c 134

Colour Purple A/C: Insured / Std / NI / NA

Sp.Reading 42049 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH3558 0040K 113845

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 80/90R17

R: 90/80R17

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. 12/5/22 D.O.I. 24/5/2022

Survey held at ✓ 1.15pm

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

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

Date / Time	Action / Instruction
/	No documents given

te/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

te/Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ x RS _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Fuel: _____

Others: _____

TOTAL _____

port Format : _____

np Sum / I.B.I: ($ _____)