ASSIGNED BY: GQ | REF: CS/TP22009189/Gvy3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / **[TP]** / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s BOON SIEW

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S O/S

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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: FBS3020Z Yr Regn: 16 Mar/2021

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

Make: HONDA CB400XA c.c 399

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

Sp.Reading: 28649 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JH2NC5695KK000378 *

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: 110/80ZR19

R: 160/60ZR17

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.		mm	L/Bal.		mm
D.O.A.	22/8/2022		D.O.I.	22-09-2022	

Survey held at W/S 10:30

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
24/11/22	Final fig $4279.24 (red 790, 15%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 24/11/22

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others:

TOTAL

Report Format: TP

Lump Sum / LBE: $4279.24