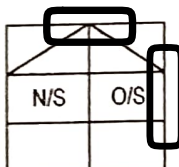


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☒ N/S / 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)

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



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

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 ☐ : Final Report
 1) _____
 Date/Time, File Return to? **24/11/22**
 Report Fee: **TP**
 Long Cost / MP: **\$4279.24**
 Days Of Repair: **2**
 Resurvey No. of Trip: _____
 Add Fee: ☐ : Site Insp (\$ _____) ☐ : Interview (\$ _____) ☐ : Tech. Insp (\$ _____) ☐ : W/Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Photos _____
 Other: _____
 TOTAL: _____