(Sol/1/2) wef
ASS FRC BY: [illegible]

REF: CS3/1112201214 7/Rwy3

660F

ASSIGNMENT

From: Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: FBS 4894L
at Workshop m/s EXCEL CYCLE CTR
of 48, TOA PAYOH RD EAST #01-112
Insured: 111
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.

N/S	O/S

Bal. or Market Value: 15K
IDAC Accident Rport: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 5 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: FBS 4894L Yr Regn: 2021 / MAY
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: YAMAHA AEROX 155 ABS CUT c.c 155
Colour BLACK A/C: Insured / Std / NI / NA
Sp.Reading 39527 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: MH3SG64201L3052273
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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 27/11/22 D.O.I. 05/12/22
Survey held at EXCEL
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

REPAIR LIMIT - 11K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 5 days

15/03/2023 Submit L/S $2,000.00 @ 5 days ~~(Red $2,500.00/44%)~~

Date/Time, File Pass to?
1) 15/03/2023 Typist
Date/Time, File Return to?
2)

☐ : Preli. Report
☑ : Final Report

Days Of Repair: 5
Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Survey Fee:
Transportation: S + RS S
Photos
Others

Report Format : Paper Survey
Lump Sum / I.B.I: ($ L/S $ 2000)