

(08/13) WEL
 ASS. REC. BY: WEL REF: CS3/SNR 2300384/Rvg3 4192
 (08-2032/1000)

ASSIGNMENT

From: _____ Date: _____ Estimated Cost: _____ OD / TP / WS / TP RES / OD RES / EVA / INV / MV To inspect Vehicle No: <u>FBG 5089B</u> at Workshop m/s <u>HWA CHIN</u> of <u>BUKIT BATOK ST 23</u> Insured: <u>SMR</u> 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: <u>13K</u> IDAC Accident Rpt: _____ Consistent? : Yes or No GIA / PR Seen: _____ Consistent? : Yes or No Est. Repairs: _____ days Res.: Yes or No Lump Sum: _____ % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: _____ Person Contacted: _____ Vehicle: IN / OUT	Veh No: <u>FBG 5089B</u> Yr Regn: <u>2012 / Aug</u> Type: M/Car / <u>M/Cycle</u> / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____ Make: <u>YAMAHA JUPITER MX (HC)</u> c.c. <u>134</u> Colour: <u>RED</u> A/C: Insured / Std / NI / NA Sp. Reading: <u>98047</u> T/Radio: Insured / Std / NI / NA Eng/No: _____ C/No: <u>MH3 506 6029K 38 5113</u> Gen. Cond: Good / <u>Fair</u> / Poor / Burnt Steering: <u>In order</u> / Jammed / Leaked / Burnt or _____ Brake: <u>In order</u> / Jammed / Leaked / Burnt or _____ Modi: Nil / <u>S/Rim</u> / STD A/Rim or _____ Tyre Size: F: <u>70/90-17</u> R: <u>90/90-17</u> BS / DJN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or <u>TIMSAN</u> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Front</td> <td style="width: 50%;">Rear</td> </tr> <tr> <td>R/Bal. <u>4</u> mm</td> <td>R/Bal. <u>4</u> mm</td> </tr> <tr> <td>L/Bal. _____ mm</td> <td>L/Bal. _____ mm</td> </tr> <tr> <td>D.O.A. <u>31/03/23</u></td> <td>D.O.I. <u>14/04/23</u></td> </tr> </table> Survey held at <u>HWA CHIN</u> Des. of Damages: Frt <u>Rear</u> O/S / N/S / U/C / Rooftop or _____ The U/C / Chassis frame / Body Structure affected due to collision.	Front	Rear	R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm	L/Bal. _____ mm	L/Bal. _____ mm	D.O.A. <u>31/03/23</u>	D.O.I. <u>14/04/23</u>
Front	Rear								
R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm								
L/Bal. _____ mm	L/Bal. _____ mm								
D.O.A. <u>31/03/23</u>	D.O.I. <u>14/04/23</u>								

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 3.5K</u>
	<u>ESTIMATE RANGE OF REPAIR + no. of days - (2K-3K) / 3 days</u>

Date/Time, File Pass to? ☐ : Prell. Report 1) ☐ : Final Report Date/Time, File Return to? _____ 2) _____	Days Of Repair: _____ Resurvey No. of Trip: _____ Add Fee: ☐ : Site Insp (\$ _____) ☐ : Interview (\$ _____) ☐ : Tech. Invs (\$ _____)	Survey Fee: _____ Transportation: _____ S + RS, SI _____ Photos _____ Others _____
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Report Format : _____
 Lump Sum / I.B.I. (\$) _____