

ASS. REC. BY:

REF:

CS/001240804.74/Rgp3

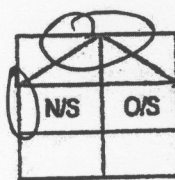
7950

ASSIGNMENT

08-2015/jun

From: _____ Date: _____
 Estimated Cost: _____
 OD TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: FBE 5816E
 at Workshop m/s HWA CHIN
 of BUKIT DATOK
 Insured: UOI
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: FBE 5816E Yr Regn: 2010 / Jun
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: YAMAHA / YZF-R1S C.C. 150
 Colour BLUE A/C: Insured / Std / NI / NA
 Sp. Reading _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ME120 P01192020602
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 90/80-17
 R: 120/70-17



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 5K
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU PIR / SUMI /
 TOYO / YOKO or _____

Front _____ Rear _____
 R/Bal. 3 mm R/Bal. 3 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 17/08/24 D.O.I. 28/08/24

Survey held at BUKIT DATOK
 Des. of Damages: Frt / Rear / O/S / U/S / UIC / Rooftop or _____

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction _____

REPAIR LIMIT - 4.5K

Rasul finalised LS \$2450, 4 days (Red \$2650, 52%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) 20/01 Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation: _____

S + RS _____

Photos _____

Others _____

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

200
60
80+80
180
605

SP 23/1/15

Report Format: TP

Lump Sum / L.B.H. (\$) 2450