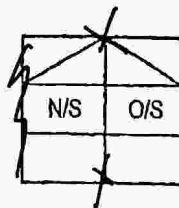


ASS. REC. BY: Tauyph REF: CS3/LPC24060155/Tvh3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: GBC 394Z
Policy No. _____
Claims No. 24/24/24/VC05/029255
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 Report _____ Consistent? : Yes or No
GIA / PR Seent _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS PR5
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: FBQ 778 B Yr Regn: _____ / 2019
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Yamaha Mx King c.c. 150
Colour: Red A/C: Insured / Std / NI / NA
Sp. Reading _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MH3UG0750KK * 026945
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Mod: NV / S/Rim / STD A/Rim or
Tyre Size: F: 90/90 R17
R: 90/80 R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Maxxis
Front 5 mm Rear 5 mm
R/Bal. _____ mm R/Bal. _____ mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 14/5/2024 D.O.I. 19/6/2025pm
Survey held at Moto 51
Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>N o 61A</u>
26/6/24	Submit PRS

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

1) _____
Date/Time, File Return to?

2) _____

Rep. Format: _____
Lump Sum / I.B.B. / ?

Days Of Repair: 6
Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
3 + RS \$ _____
Phone _____
Others _____