ASS. REC. BY: Steve

REF: CS3/INC24120306/Evh3

ASSIGNMENT

PRS

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: SJU 5625K

Policy No. _____

Claims No. MT/1300552-003

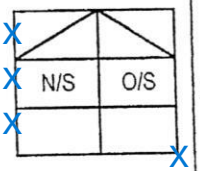
Sum Insured: _____ Excess: _____

(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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBK7360H Yr Regn: 05 Jan 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HARLEY DAVIDSON ROAD GLIDE c.c 1745

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 2442 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5HD1KTMC3FB698368

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: 120/70R21

R: 180/55R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or MATZELER

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. ~~11/11/24~~ 16/10/24 D.O.I. 02/12/24

Survey held at MAKIMOTO

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

& Rear RH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MV - $37k
	Repair range $5k - $6k (Spray rear RH box, front LH fairing)
	3 days Front LH Step - Cut
	Side stand - Cut
20/12/24	Submit PRS Double stand - Cut
	RH exhaust end cap - Cut
	Front LH speaker garnish - Cut

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Rep Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	