ASSIGNMENT

From:	Date: 12.11-2018	Veh No: S6B 2385	TH Yr Regn: 2015 Jun
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Var	
OD TP / WS / TP RES / OL	D RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	S6B J385H	Make: MITSUBISH 0	utlymen 2.4 0.0 2366
at Workshop m/s	Cycle & Comage	Colour WHITE	A/C: Insured / Std / NI / NA
of	209 Paralon Ganzen	Sp.Reading 061259	T/Radio: Insured /-Std / NI / NA
Insured:	1 1011(01)	Eng/No:	
Policy No.		C/No: JMYKThF	3WFZ 601998
Claims No.		Gen. Cond: Good / Fair / Poor / B	Jurnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Lea	ked / Burnt or
(Client's Record)		Brake: norder / Jammed / Lea	ked / Burnt or
Make of Veh:	Jian Ye.	Modi: Nil / SRim / STD A/Ri	
		Tyre Size: F:	225/60R18
(Policy Condition)		R:	
Remark: The veh had com	nmenced its N/S O/	BS / DUN / EXNOVA JOP / FS / L	IZA / MIC / OHTSU / PIR / SUMI /
repair at the time	e of inspection.	TOYO / YOKO or	
Bal, or Market Value:		Front	Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. C mm	R/Bal. 6 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. mm	L/Bal. 6 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 29/10/18	D.O.I. (3/11/18
Lum Sum:	% 3 Val.: Yes or No		(CAG)
		Des. of Damages : Frt Rear /	
CA / REV / REP. /	24 HRS Vehicle: IN / C		ore i the i die i thomby of
Date: Per	rson Contacted:		Body Structure affected due to collision.
Date / Time Action /	Instruction		
	-		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	-
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time. File Return to?			Transportation:
2)	Add	parameter)S+RSSI
		: Interview (\$) Photos
Report Format :		: Tech, Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$,) .
			TOTAL