(08/11/13) wef	REF:	1 10/	
ASS. REC. BY: MOTELS		AYA	
	ASS	IGNMENT	0 0
From:	Date:	Veh No: > KK 160	& Regn: 3 / /3
Estimated Cost:		Type M.Car LM.Cycle / Bus / Van / Lo	prry / Taxi / Prime Mover /
OD THE I WS I TP RES I OD RES	S/EVA/INV/MV	Truck / Trailer or (A 7	
To Inspect Vehicle No:	SIZIR 160fC	Make: Lo Su (L)	460 c.c 450A
at Workshop m/s	7.00	Colour RIgele	A/C: Insured / Std / NI / NA
of	Jir Jul.	Sp.Reading / 6// 67	T/Radio: Insured / Std / NI / NA
nsured: -		Eng/No:	
-		C/No: JTHRL	467008119669
Policy No.		Gen. Cond: Good / Fair / Poor / Burnt	
Claims No.	-	Steering; horder / Jammed / Leaked	
Sum Insured:	Excess:	GA	
(Client's Record)		Brake: horder Jammed / Leaked	
Make of Veh:		Modi: Nil ISIRim I STD AIRim or	
		Tyre Size: F:	7 - / 2 - 1
(Policy Condition)		R:	35/50 R/8
Remark: The veh had commend		BS / DUN / EXNOVA / GY / FS / LIZA /	MIC / OHTSU / PIR / SUMI /
repair at the time of in	ispection.	TOYO / YOKO or	
Bal. or Market Value:	125/1.	Front	Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 6 mm	R/Bal. mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm	L/Bal. mm/
Est. Repairs: 3 da	ays Res.: Yes or No	D.O.A. 21/11/15	D.O.I. 2 8/12/18
Lum Sum: %	3 Val.: Yes- or No	Survey held at	2.24pm
CA / REV / REP. / 24 H		Des. of Damages : Frt / Rear / O/S	N/S / U/C / Rooftop or
Date: Person C	Vehicle: IN / OUT ontacted:	The U/C / Chassis frame // Body Structure affected due to collision.	
Date / Time Action / Instruc		The of of offassis frame if body	otractare anected due to comsion.
	V 11 - 7 /		
Loor ry	• (
100			
Repai	Range : \$1,000.00 - \$2,0	00.00	
Date/Time, File Pass to?	Preli. Report	Days Of Repair:	
	Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?	r mai Neport	Toodito, not of the	Transportation:
	Add Fee	: Site Insp (\$)S +RS,SI
2)	Aug I V	: Interview (\$) Photos
Report Format :		: Tech. Invs (\$	Others
			- / Outers
Lump Sum / I.B.I: (\$)	: Weekend (\$)
			TOTAL