

REF: CTI

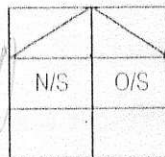
PRS

ASSIGNMENT

From: Date: 25/01/2019 Veh No: JRJ 143 Yr Regn: 7/2/2016
 Estimated Cost: Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or
 To Inspect Vehicle No: JRJ 143 Make: KAWASAKI C.C. 249
 at Workshop m/s: MS Auto Colour: GREEN A/C: Insured / Std / NI / NA
 of 8kaki Bkt Ave 4 #01-07 premier Sp. Reading: 41678 T/Radio: Insured / Std / NI / NA
 Insured: Eng/No: EX250LEAA9978
 Policy No: C/No: JKAER250CCDA27750
 Claims No: Gen. Cond: Good / Fair / Poor / Burnt
 Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or
 (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or
 Make of Veh: Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: 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 ^{wp1}

Date: Person Contacted: Vehicle: IN / OUT

Tyre Size: F: 120/70ZR17
 R: 160/60ZR17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 16/1/19 D.O.I. 25/1/19
 Survey held at MS AUTO
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Range 1500/2 - 2,000/2

[Signature]
 26/4/2019

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format: PRE

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

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: -

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

Survey Fee:

Transportation:

) S + PS \$

) Photos

) Others

) TOTAL

150
150

TOLIN *[Signature]*
 25/2/19