

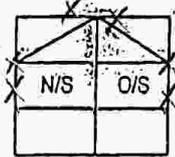
ASS. REC. BY: Sun Pin REP: ASM

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: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: FBE 6447E Yr Regn: 13/06/2010
 Type: M. Car / M. Cycle Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Yamaha FZ 150 c.c. 649
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 117163 T/Radlo: Insured / Std / NI / NA
 Eng/No: _____
 C/No: PMYK G0250 A006 7717
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 80/90/17
 R: 100/70/17

(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 Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Timsun
 Front 5 mm Rear 5 mm
 R/Bal. 5 mm L/Bal. - mm
 D.O.A. 23/10/2019 D.O.I. 06/07/2020
 Survey held at Cing Motor
 Des. of Damages: Front Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	* Workshop required vehicle
	Non economic replacement: (Total loss)
	MV = 2300
	PV = 75
	NV = 2200

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Date/Time, File Return to? _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS: _____
 Phone: _____
 Others: _____
 TOTAL: _____

Report Formed: _____
 Lump Sum / L.S. / : _____