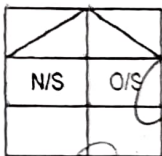


ASSIGNMENT

From _____ Date _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s First Motor
 of _____
 Insured: _____
 Policy No. _____
 Claims No. C10009283/KY
 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 Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: ITF677 rr Regt: _____
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or 250i
 Make: Modenas Elegance 249
 Colour: Black A/C: Insured / Std / Nil / NA
 Sp Reading: 32887 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 120/70-14
 R: 130/70-13
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DURO
 Front _____ Rear _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 11-03-21
 Survey held at W/S Spur
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Estimate not ready</u>
	<u>New Bike RM15315</u>
	<u>Guo Qiang finalised LS \$1000, 2 days. (Red \$1493, 60%)</u>

Date/Time. File Pass to? ☐ : Preli. Report
☐ : Final Report
 1) 28/06 Typist
 Date/Time. File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Insp (\$
☐ : Other (\$

Survey Fee:	
Transportation:	
3 + PS \$1	
Stamps	
Other	

TP
 1000