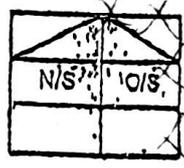


ASSIGNMENT

From: PRS Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Val. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 SIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBK 9600C Yr Regn: 5/4/16
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda CR400 c.c. 399
 Colour: Black A/C: Insured / Std / NI / N
 Sp. Reading: N/A T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: 11C421604493
 Gen. Cond: Good / Fair / Poor / Buzpt
 Steering: In order / Jammed / Locked / Burnt or
 Brake: In order / Jammed / Locked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 120/6R17
 R: 160/6R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Diablo
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. _____ mm U/Bal. _____ mm
 D.O.A. 8/6/21 3 Points O.O.I. 19/7/21
 Survey held at _____
 Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Roof/Top or

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

Date / Time	Action / Instruction
	AMV-10K Repair range 3K-4K 3 days

Time/Date, File, Pass to? : Prel. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trips: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (%)
 : Weekend (1\$ _____)

Survey Fee: _____
 Transportation: _____
 Phone: _____
 Others: _____
 TOTAL: _____