(08/11/13) wef REF: (6 / T2)	1,000,000
	100.8152 U+f3
ASSI	GNMENT
From: Date:	Veh No: FY4412R Yr Regn: 21/9/04
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD ITP I WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or 200M
To Inspect Vehicle No: FY 4412R	Make: Honda Phantom c.c 197
at Workshop m/s Enfo	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 45-8-74 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: TA20000 25654
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: DAC Accident Rport: Consistent?: Yes or No	Tyre Size: F: PU - FU - 17 R: 30 - 90 - 15 Dens BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI / TOYO / YOKO or Front R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: 4 days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. \$\(\frac{17}{2} \) Survey held at
Lum oun.	
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: 2 WB 7 mth.	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction (De une. 1 29-2-2024 21A 8509 NOTE 83491 MAX SURVEY FEE \$300(BEFORE GST) 1/5 45 / 700 confined with MN 7eo. (red:4349.10;71%	
(164.4040.10,1170	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
1) : Final Report File Return to?	Resurvey No. of Trip: Survey Fee:

Date/Time, File Pass to?

: Preli. Report

: Final Report

Date/Time, File Return to?

Add Fee:

: Site Insp (\$) __S + RS,__SI

: Interview (\$) Photos

Report Format:

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

: Weekend (\$)

TOTAL 300