

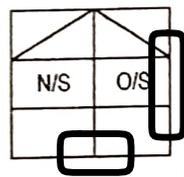
PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/s SPEEDY MOTOR
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: FBJ9852Y Yr Regn: 22 Jan/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: KYMCO K-XCT200I c.c. 199
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: — T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RFBD82000F1000198 *
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 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: \$6500
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 ~~3~~ days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Tyre Size: F: 120/70-14
 R: 150/70-13
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /
 TOYO / YOKO or _____

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. _____ mm	L/Bal. _____ mm
D.O.A. _____	D.O.I. <u>10-08-2022</u>

 Survey held at W/S 10AM
 Des. of Damages: Frt / Rea / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	\$4000 - \$3000
	<u>\$3100</u>
	submit lump sum \$3800 and 4 days (red, \$1350, 30%) (red, \$650, 15%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 04/04/23
 Date/Time, File Return to? _____

Days Of Repair: 4
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)

Survey Fee:	
Transportation:	
_____ + RS. _____ SI	
Photos	
Other:	
TOTAL	

Report Filed: _____
 Lump Sum / MPB: _____