

REF: CS/UOI24100350/Aqp3m4

ASSIGNMENT

From: _____ Date: _____
 Estn: _____
 To Insure Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Name) _____
 Make of Car _____
 (Policy Condition) _____

Veh No: SKQ886R Yr Regn: 2015 March
 Type: (M. Car) / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Porsche Macan c.d. 1984
 Colour: White A/C: Insured / Std / Nil / NA
 Sp. Reading: 161368 ✓ T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WP1222952FLB15837
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In Order / Jammed / Leaked / Burnt or _____
 Brake: In Order / Jammed / Leaked / Burnt or _____
 Modif: Nil / (S/Rim) / STD A/Rim or _____
 Tyre Size: F: 235/60R18
 R: 235/60R18

Remarks: Vehicle had commenced its repair at the time of inspection.

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repair: 4 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 / IZA / MIO / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

| Front | Rear |
|---------------------|---------------------|
| R/Bal. <u>06</u> mm | R/Bal. <u>06</u> mm |
| L/Bal. <u>06</u> mm | L/Bal. <u>06</u> mm |

D.O.A. _____ D.O.I. 22/10/24
 Survey held at JL Perfect
 Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or
Front o/s
 The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|---|
| | <u>TP UOI</u> |
| | <u>LS \$11000, 4 days (Red \$25347.51, 70%)</u> |
| | <u>COE Expiry :</u> |
| | <u>Estimate given during : Yes (✓)</u> |
| | <u>1st Survey : No ()</u> |
| | <u>MV : 60K</u> |
| | <u>PV : 408K</u> |
| | <u>Nett : 19.2K</u> |
| | <u>220D</u> |

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) 06/12 Typist
 Date/Time, File Return to? _____
 2) _____
 Report Form used: TP

Days Of Repair: 4
 Resurvey No. of Trip: 1

Adcl Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Inve (\$) _____

Survey Fee: 250 + 650 + 50 (new assignmt)
 Transportation: 60
 B + RS: 80
 Photos: 89
 Other: _____

T: ~~1179~~ 1,179
630 SP
11/12/24