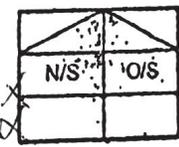


ASS. REC. BY: Steve REF: ATA

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. 7210005257
 Claims No. 0640951932SG
 Sum Insured: _____ Excess: 0
 (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 Rpt: _____ Consistent? : Yes or No
 SIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLJ 4313R Yr Regn: 21/1/21
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make: KIA NITO c.c. 1580
 Colour: White A/C: Insured / Std / NI / N
 Sp. Reading: 775 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: KNA CC81CVL5315873
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/R/m / STD A/R/m or
 Tyre Size: F: 205/60R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or 3
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 U/Bal. 5 mm U/Bal. 5 mm
 D.O.A. 10/2/21 D.O.I. 10/2/21
 Survey held at Cycle & Carriage
 Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or Rear LH
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-198K</u>
	Confirm finalise amount at \$8,582.8, 9 days
	red: 1384.13%

File/Time, File, Poss to? : Prel. Report
 : Final Report
 File/Time, File Return to?
 od
 Rep Sum / L.B. / % 8582.8

Days Of Repair: 9
 Resurvey No. of Trip: 3
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	_____
\$ + RS, SI	_____
Photos	_____
Others	_____
TOTAL	_____