Asm 21002823/T19,d3 ASSIGNMENT GBB 7906 9 Yr Regn: 20081 Veh No: Date: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost Truck / Trailer or OD (TP) WS / TP RES / OD RES / EVA / INV / MV Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sò.Reading Eng/No: insured: C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt S1M033Z4 Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Injorder / Jammed / Leaked / Burnt or (Client's Record) Modi: (Nil / S/Rim / STD A/Rim or Make of Veh: Tyre Siże: (Policy Condition) BS | DUN | EXNOVA | GY | FS | LIZA | MIC |,OHTSU | PIR | SUMI | OIS NIS Remark: The veh had commenced its TOYO / YOKO or repair at the time of inspection. Rear Front Bal. or Market Value: R/Bal. mm R/Bal. mm Consistent? : Yes or No IDAC Accident Rport: L/Bal. ∐Bal. Consistent? : Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages : Frt / Rear) I O/S / N/S / U/C / Rooftop or CA | REV | REP. | 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time Estimate COR: \$4000-\$5000; 6 repair days. 05/03/21@3.30pm revised to Jun Hong via Smart Claims. Submit PRS... Days Of Repair: 6 Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report ⊕05/03 Typist Transportation: Date/Time, File Return to? : Site Insp (\$ \_S + RS.\_\_SI Add Fee: : Interview (\$ Photos Tech. Irivs (\$ Others Report SMART CLAIMS -PRS : Weel end (\$ Lump Sum / LBJ: /7

TOTAL