

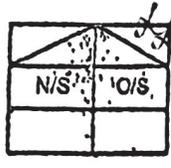
ASS. REC. BY: Steve J CS/AIG 21005838/ETF3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 TP / WS / RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: _____
 Policy No. 2100507736
 Claims No. 0280049796SG
 Sum Insured: _____ Excess: 300
 (Client's Record)
 Make of Veh: _____

Veh No: SLN 573Y Yr Regn: 21/4/17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____ 1598
 Make: Citroen Grand C4 c.c. 1500
 Colour: White AYC: Insured / Std / NI / N
 Sp. Reading: 61504 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: VETRA 9ZTG: J 808294
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/45 Z R 18
 R: 11

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



Rat. or Market Value: _____
 IDAC Accident Report: _____ 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 14/5/21 D.O.I. 17/5/21
 Survey held at Cycle & Carls
 Des. of Damages : Frt / Rear / O/S / N/S / UIC / Rooftop or
F1 R11
 The UIC / Chassis frame / Body Structure affected due to collision

| Date / Time | Action / Instruction |
|-------------|-------------------------------------|
| | <u>NIV-69K</u> |
| | <u>CONFIRM P/P \$5868.20, 4DAYS</u> |
| | <u>RED:3,906.80;39%</u> |

: Prel. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: 2

Net Sum / I.P.I. / 5868.20

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (%) _____
 : Weekend (%) _____

| Survey Fee: | |
|-----------------|-------|
| Transportation: | _____ |
| \$ + RS. SI | _____ |
| Proviso | _____ |
| Others | _____ |
| TOTAL | _____ |