ASS. REC. BY: Tay TM REF: CS3 ASM 21002599/Tits3 ASSIGNMENT Veh No: 5555444B Yr Regn: 2009 1 Date: Type: M.Car / M.Cycle / Bus / Van / Lorry /. Taxi / Prime Mover / Estimated Cost OD (TP! WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or Myn voter Avante . c.c / 5 Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil /(SIRim / STD AJRim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its TOYO / YOKO or repair at the time of inspection. Bal. or Market Value: \$21K. Rear Front R/Bal. R/Bal. Consistent?: Yes or No mm IDAC Accident Rport: L/Bal. Consistent?: Yes or No GIA / PR Seen: D.O.I. 25/2/210 30 D.O.A. Res.: Yes or No Est. Repairs: days 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt | Rear | 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 Report (Carel : submit PRS Report Days Of Repair: Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? Add Fee: : Site Insp (\$ _S + RS.__SI Interview (\$ Photos : Tech. Invs (\$ Others Repentation : Lump Sum / LBJ: /% : Weel end (\$ TOTAL