ASS. REC. BY: Tay AM MEF: CS (CT1210073/8/7/6C ASSIGNMENT SLU39/2X Yr Regn: 20/7, NOV Veh No: Date: Estimated Cost: Truck / Trailer or OD / TPTWS / TP RES / OD RES / EVA / INV / MV Make: To Inspect Vehicle No: A/C: Insured / Std / NI / NA at Workshop m/s T/Radio; Insured / Std / NI / NA Sp.Reading Eng/No: Insured: C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Sum Insured: Steering: Inorder / Jammed / Leaked / Burnt or Excess: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / \$/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / OIS Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Nexen · Shok. Front Bal. or Market Value: R/Bal. R/Bal. 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: when con Survey held at 3 Val.: Yes or No 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: Date: Action / Instruction Date / Time Clener Pour submit PRS report Days Of Repair: 9 Date/Time, File Pass to? : Preli. Report Resurvey No. of Trip: Survey Fee: : Final Report Transportation: Date/Time, File Return to? __S + RS.__SI Add Fee: : Site Insp (\$ Photos : Interview (\$: Tech. Invs (\$ Others Repenter: : Weelfend (\$ Lump Sun / LB.A: CF

TOTAL