ASS. REC. BY: [signature]   REF: CS3/AI4 200008852/Rcif3 -1

ASSIGNMENT

10 Feb 2014

From: _____ Date: _____	Veh No: FBJ 2330H Yr Regn: /
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or _____
To Inspect Vehicle No: FBJ 2330H	Make: _____ c.c 999
at Workshop m/s PRIMERO RACING	Colour MULTI A/C: Insured / Std / NI / NA
of 20, BUKIT BATOK CRESCENT #01-19	Sp.Reading — T/Radio: Insured / Std / NI / NA
Insured: AIG	Eng/No: _____
Policy No. _____	C/No: JH2SC59A9EK600429 .
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or _____
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or _____
Make of Veh: _____	Modl: Nil / S/Rim / STD A/Rim or _____
	Tyre Size: F: 120/70ZR17
(Policy Condition)	R: 190/55ZR17
Remark: The veh had commenced its repair at the time of inspection. [N/S O/S box]	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or MITAS

Front		Rear	
R/Bal. 4	mm	R/Bal. 4	mm
L/Bal.	mm	L/Bal.	mm
D.O.A. 17/08/2020		D.O.I. 24/08/2020	
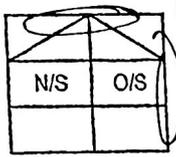
Bal. or Market Value: _____

IDAC Accident Rport: _____   Consistent? : Yes or No

GIA / 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

Survey held at PRIMERO RACING

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SUBMIT DAR REPORT
	LUMP SUM $7800,4DAYS RED:4950;38%)

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Date/Time, File Pass to? [ ] : Prell. Report	Days Of Repair: _____	Survey Fee: _____
1) _____ [ ] : Final Report	Resurvey No. of Trip: _____	Transportation: _____
Date/Time, File Return to?	Add Fee: [ ] : Site Insp ($ _____)	__S + RS.__ SI
2) _____	[ ] : Interview ($ _____)	Photos
Report Format : _____	[ ] : Tech. Invs ($ _____)	Others
Lump Sum / LBF ($ _____)	[ ] : Weekend ($ _____)	TOTAL