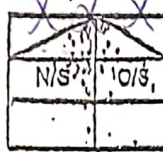


ASS. REC. BY: Steve CS3/LPC 21010756/ET-43-1

ASSIGNMENT

From: PRS Date: _____
Estimated Cost: _____
To Inspect Vehicle No: _____
at Workshop mls: _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Citron's Record)
Make of Veh: _____

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



Rel. or Market Value: _____
IDAO Accident Report _____ Consistent? Yes or No
GIA / PR Seen _____ Consistent? Yes or No
Est. Repair: _____ days Res. Yes or No
Lump Sum _____ % 3 Val.: Yes or No
QA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: X0 2272 M Yr Regd: _____
Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: MITSUBISHI FUSO Ch: 12882
Colour: White A/O: Insured / Std / NI / N
Sp. Reading: 54582 T/Ratio: Insured / Std / NI / N
Eng/No: _____
Ch/No: FP 510A 000-2
Gen. Cond: Good / Fair / Poor / Bt
Steering: In order / Jammed / Locked / Burnt or
Brake: In order / Jammed / Locked / Burnt or
Mod: RII / S/Rim / STD / R/Rim or
Tyre Size: Ft 295/80R225
RI _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front _____ Rear _____
R/Ral. 4 mm R/Ral. 4 mm
U/Ral. 4 mm U/Ral. 4 mm
D.O.A. 18/10/21 LYS D.O.I. 22/10/21
Survey held at _____
Des. of Damages: Fr. / Rear / O/S / N/S / VIC / Roof/ or
The U/S / CHASSIS frame / Body Structure affected due to collision

| Date / Time | Action / Instruction |
|-------------|---------------------------------------|
| | N/A GIA report |
| | no GIA report |
| | submit PR's Report |
| | submit lump sum \$16100 RED:26100:61% |

Time/Time, File, Report, _____
Time/Time, File, Report, _____
Days Of Repair: 10
Resurvey No. of Trips _____
Add Fee: _____
Site Insp (\$ _____)
Interview (\$ _____)
Tech. Invo (\$ _____)
Veh/Invo (\$ _____)
Survey Fee: _____
Transportation: _____
Fines: _____
Other: _____
TOTAL: _____