

ASS. REF. BY: _____ REF: _____

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claim No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SJG4646E Yr Regn: 2017, March
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Kia Niro Hybrid c.c. 1580
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 173R28 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNA CC 81CVH 5053529
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modif: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/55R16 Westlake
 R: 205/55R16 Dunlop

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

| | |
|-----|-----|
| N/S | O/S |
| | |

 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 17/05/23
 Survey held at KT Motors
 Des. of Damages: Frt / Rear / O/S (N/S) / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|---|
| | <u>TP Claim</u> |
| | <u>COE Expiry</u> |
| | <u>Estimate given during 1st Survey</u> |
| | <u>Yes (✓) No ()</u> |
| | <u>MV :</u> |
| | <u>PV :</u> |
| | <u>Nett :</u> |
| | <u>100B</u> |

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 I. P. R. F. / G.

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invt (\$) _____
 Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____