

ASS. BY: _____ REP: _____

ASSIGNMENT

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

Veh No: PC3791A - Yr Regn: 2009, Dec.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: King Long XMQ6117K - 6700
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 608187 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: LAGRIFSH89B102776
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 295/SOR225
 R: 295/SOR225

(Policy Condition)

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

Remark: The veh had commenced its repair at the time of inspection.
 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 Maxwind
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 15/06/23
 Survey held at Woodlands Industrial Park E.
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front N/S.
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|--|
| | <u>TP SMRT (YSK)</u> |
| | <u>COE Expiry : 31/10/24</u> |
| | <u>Estimate given during : Yes ()</u> |
| | <u>1st Survey : No (✓)</u> |
| | <u>MV :</u> |
| | <u>PV :</u> |
| | <u>Nett :</u> |
| | <u>357E.</u> |

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 I. R. P. / L. R. P. / C. R. P.

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