REF: AIG

ASSIGNMENT

From: Date: 21.11.2017

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLT 437B

at Workshop m/s Fong Motor

of Blk 1 Kaki Bukit Ave 6

Insured:

Policy No:

Claims No.

Sum Insured: Excess

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLT437B Yr Regn: 2017 Oct

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai Elantra. cc: 1591

Colour: Red. A/C: Insured / Std / NI / NA

Sp.Reading: 1424. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD841CMJU561017

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Nexen.

Front		Rear	
R/Bal:	06 mm	R/Bal:	06 mm
L/Bal:	06 mm	L/Bal:	06 mm
D.O.A.		D.O.I.	21/11/17.

Survey held at Fong Motor

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
	TP AIG.

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp $ ☐ Interview $ ☐ Tech Invs $ ☐ Weekend $

Photos:

Sheet:

Report Format :

Lump Sum / I.B.I: $