REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s:

of:

Insured:

Policy No:

Claims No:

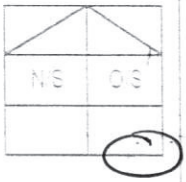
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res : Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKH225X Regn: June 2012

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

Make: Mercedes Benz C180 cc: 1597

Colour: White A/C: Insured / Std / N / NA

Sd Reading: 127943 Panel: Insured / Std / N / NA

Eng No: 27191031355524

C No: WDD2040452A720455

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Modif.: Nil / Sport / STD A/Rim or

Tyre Size: F: 255/35 R18

R: —"—

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

Front		Rear	
R Bal:	5' mm	R Bal:	5' mm
L Bal:	5' mm	L Bal:	5' mm
D/O/A:	03/12/207	D/O:	18/12/2017

Survey held at: Tramwork Pte Ltd

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

Rear O/S

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

Date	Time	Action Instruction -
		AIG SJP 3859S

Date/Time File Passed:

: Prelil. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time File Returned:

Add Fee: Site Insp $

Report Format:

Lump Sum / LE in $