REF: AIG

ASSIGNMENT

From: Date: 6/2/2018

Estimated Cost:

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

To Inspect Vehicle No: SKZ 899G

at Workshop m/s Esteem Performance

of Blk 5033, Ang Mo Kio Ind. Park 2 #01-59

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) Morning

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: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (wp)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKZ 899G Yr Regn: 07 17

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

Make: Mc E200 (A) c.c: 1991

Colour: M. Black A/C: Insured / Std / NI / NA

Sp.Reading: 8242 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2130422A-230581

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R: 245/45ZR18

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	28/1/18	D.O.I.	6/2/18

Survey held at

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
7/2	Rec pass to Carmen

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:

1) $ + R$ ($)

Photo:

Other:

Add Fee: ☐ Site Insp ($)

☐ Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)