REF: AIG

ASSIGNMENT

From: Date: 6/3/18

Estimated Cost:

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

To Inspect Vehicle No: SLQ 7585B

at Workshop m/s: Optima Works

of: 9A Serangoon North Ave 5

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: 02 days Res.: Yes or No

Lum Sum: 1,131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLQ 7585B Reg: 07 17

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

Make: Mr CLA180 cc: 1595

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

So.Reading: 20265 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD1173422N492324

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: 225/40R18

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	4/2/18	D.O.I	6/3/18

Survey held at:

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

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

Date / Time	Action / Instruction
7/3	File pass to Catherine

Date/Time File Pass to:

1

Date/Time File Return to:

2

Report Format:

Lump Sum / I.B.I: / $

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp / $

☐ Interpreter / $

☐ Tech / $

☐ Weekend / $

Survey Fee:

Transportation: $ / $

Postage:

Other: