

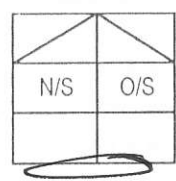
REF: AIG

1167181w3 - W

3143B

ASSIGNMENT

From: Date: 02/07/2018
Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLQ 248X
at Workshop m/s performance motor
of 303 Alexander Road
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: Han
(Policy Condition)
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: 6 days Res.: Yes or No
Lum Sum: 2-B.2 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS up
Date: _____ Person Contacted: _____
Vehicle: IN / OUT



Veh No: SLQ 248X Yr Regn: 2017 / Jun
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: B.M.W 1160 5DR c.c 1496
Colour: GRAY A/C: Insured / Std / NI / NA
Sp. Reading: 22937 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WBA1V72070V944700
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: 205/55R16 R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 25/06/18 D.O.I. 02/07/18
Survey held at PERFORMANCE
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
6/8/18	Confirm 2-B.2 \$6991.35 with 6 working days

(Pd = \$5164.05 43%)

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2)
Report Format :
Lum Sum / I.B.I: (\$)
Days Of Repair:
Resurvey No. of Trip:
Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)
Survey Fee:
Transportation: _____ \$ + RS, _____ SI
Photos
Others
TOTAL