

INS. CASE OWNER:

CC4, A16 180 12774, Kha3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

KSL

DOI:

13/7/18

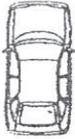
Date / Time :

12/7/18

Registered in Merimen:

13/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : 66N 9763R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: :

Make / Model :

Excess Sec II :SS D.O.A: 10/7/2018

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

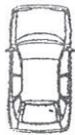
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

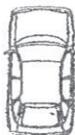
Insured Liability : % Final ? Yes / No

SKP 9674G

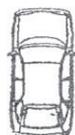


INSRS:
WSP:
Tel:
Liability:
RMKS:

City



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Table with columns: Date/Time, STAGE, DATE / PIC, Documentation Check List, Handler, Typist. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT.

(08/11/13) wef

REF: **AIG**

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: **13/07/2018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SKP 9674G**

at Workshop m/s **City Auto**

of **Blk 160, Sin Ming Drive # 05-01**

Insured: _____

Policy No. _____

Claims No. _____

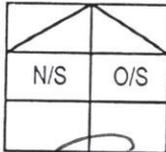
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **4.5** days Res.: Yes or No

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

CA / REV / REP. / 24 HRS **(imp)**

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SKP 9674G** Yr Regn: **10, 14**

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

Truck / Trailer or _____

Make: **Toy Alphard** c.c **2362**

Colour **M. Silver** A/C: Insured / Std / NI / NA

Sp. Reading **73670** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTEGD 21H 208346499**

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: **Yoko 215/60R17**

R: **Pirelli**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. **6** mm

R/Bal. **7** mm

L/Bal. **6** mm

L/Bal. **7** mm

D.O.A. **10/7/18**

D.O.I. **13/7/18**

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

16/7 File pass to Catherine

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: _____

1) _____

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI _____

Photos _____

Others _____

TOTAL _____

Report Format : _____

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