Xhl. | REF: AIG | C 8894G

ASSIGNMENT

From | Date: 18/2/19

Estimated Cost

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

To Inspect Vehicle No: SKZ 6321S

at Workshop m/s: My Car Consultant

of: 53 Ubi Ind. Park 1 #01-33

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: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKZ 6321S Yr Regn: 28 Jan 2016

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

Make: Volvo XC 90 T6 C.C: 1969

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

Sp.Reading: 74155 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1LFA2ACG 1055086

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R20

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	19-02-19

Survey held at w/s 11:30

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

Date/Time, File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: $ + RS $

Add Fee: ☐ Site Insp ($) Photos

☐ Interview ($) Others

☐ Tech Invs ($)

☐ Weekend ($)

TOTAL