

Yml.

REF: AIG

C 98946

ASSIGNMENT

From

Date: 18/2/19

Estimated Cost

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

To inspect Vehicle No:

SKZ 6321S
My Car Consultant

at Workshop m/s

of 53 ubi Ind. park 1 #01-33

Insured

Policy No

Claims No

Sum Insured:

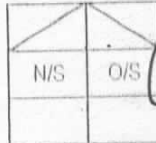
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt. 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 ^{lup}

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 1969

Colour

Silver

A/C Insured / Std / NI / NA

Sp Reading

74/55

T/Radio: Insured / Std / NI / NA

Eng/No

YVILFA2ACG 1055086

C/No

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:

225/45R20

R:

"

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Other

)

TOTAL

Report Format :

Lump Sum / LB I: (\$

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Weekend (\$