REF: AIG

ASSIGNMENT

From: Date: 25/2/19

Estimated Cost

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

To Inspect Vehicle No: SKC 385T

at Workshop m/s Team AutoPro

of 8 Kaki Bkt Ave 4 # 06-21

Insured

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S O/S

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

Bal. or Market Value.

IDAC Accident Rport: Consistent? : Yes or No

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

Est. Repairs: 3 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: SKC 385T Yr Regn: 23/4/2009

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

Make: TOYOTA VIOS c.c 1497

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

Sp.Reading: 120764 T/Radio: Insured / Std / NI / NA

Eng/No: 1NZX894719

C/No: MR053HY9305109847

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: 185/60/15

R: 185/60/15

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 21/2/19 D.O.I. 25/2/19

Survey held at TEAM AUTO PRO

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

MV 10,000/2
PV 6836/2
NV 3,164/2

TGLim
1/3/19

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp ($)

Interview ($)

Tech Invs ($)

Weekend ($)

Survey Fee:

Transportation: S + RS SI

Photos

Other

TOTAL

Report Format :

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