[illegible]: Taufikh   REF: AIG   4064/11②

ASSIGNMENT

From	Date
Estimated Cost	
OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No	
at Workshop m/s	
at	
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
	X

Bal. or Market Value:

IDAC Accident Rport.	Consistent? : Yes or No
GIA / PR Seen:	Consistent? : Yes or No
Est. Repairs: days	Res.: Yes or No
Lum Sum: %	3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: George.

Veh No	SKT 330SH
Yr Regn	2015 May
Type: M(C)ar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or	
Make	Audi A3
c.c	1395.
Colour	Brong[illegible]
A/C:	Insured / Std / NI / NA
Sp.Reading	64460.
T/Radio:	Insured / Std / NI / NA
Eng/No:	
C/No:	WAUZZZ8V1F1127213
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: L:	225/45R18.
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.	11/3/19 10am

Survey held at: Premium Alureeda

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s

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:

Add Fee: [ ] Site Insp (S$
[ ] Interview (S$
[ ] Tech Invs (S$
[ ] Weekend (S$

Survey Fee:
Transportation
) S$ RS SI
) Photos
) Other
)
TOTAL

Report Format
Lump Sum / LB I: (S)