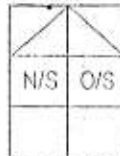


Adrian

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured _____
 Policy No _____
 Claims No _____
 Sum Insured: _____ Excess: \$ 1,000/-
 (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 Report: _____ 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
 Date: _____ Vehicle: IN / OUT
 Person Contacted: _____

Veh No: SKH7833U Yr Regn: 2013 Jan
 Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Audi: Q5 c.c 2995
 Colour: Black A/C: Insured / Std / Nil / NA
 Sp. Reading: 100569 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____

C/No: WAU228R32A007848
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SR / STD A/Rim or
 Tyre Size: F: 255/45R20
 R: 255/45R20

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

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>04/03/19</u>

Survey held at Premium
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s, u/c
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>OD AIG.</u>
<u>9/03/19</u>	<u>@ 16.07 p.m. revised IA to Insur via memo.</u>
<u>12/03/19</u>	<u>@ 17.08 p.m. checked with Tony (repairs), Owner sent the</u> <u>Car repair at AIG authorized workshop.</u>
	<u>MV: 95K</u>
	<u>PV: 70.6K</u>
	<u>Nett: 24.4K.</u>
	<u>Reserving no. of Trip - 0</u>
	<u>10 Repair days</u>

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:	Survey Fee:	Date:
1) <u>12/03/19</u>	2) _____	IN _____ OUT _____	Basic & Add. _____	<u>200</u>
3) <u>Typ</u>	3) _____		S + RS, SI _____	
4) _____	4) _____		Photos _____	<u>10</u>
5) _____	5) _____		Others _____	
Prel. Report: _____			TOTAL _____	<u>210</u>
Final Report: _____				