

Signature

REF: **AIG**

ASSIGNMENT

From: _____ Date: **12/6/19**

Estimated Cost: _____

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

To Inspect Vehicle No: **SGU 1937 Y**

at Workshop m/s **Jean Autopro**

of **160 Sen Ming Dr**

Insured: _____

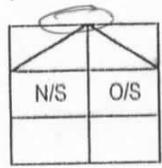
Policy No. _____

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: **6** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SGU 1937 Y** Yr Regn: **4/5/2007**

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

Make: **Honda Stream** C.C. **1799**

Colour: **Blue** A/C: **Insured / Std / NI / NA**

Sp. Reading: **177084** T/Radio: **Insured / Std / NI / NA**

Eng/No: **R18A1730646**

C/No: **RNG1027214**

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: **215/45/17**
R: **215/45/17**

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

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. **6/6/19** D.O.I. **12/6/19**

Survey held at **Jean Autopro**

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
	L/S 4,450/2 TCM (M) 19/7/19
	MV 22,000/2
	PV 14,995/2
	NV 7,005/2
	TCM (M) 13/6/19

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: _____	
3 + RS. \$ _____	
Photos _____	
Others _____	
TOTAL	

Report Format :

Lump Sum / I.B.I. (\$) _____)