

REF:

AIG

7527E

ASSIGNMENT

From:

Date:

15.7.2019

Veh No:

SCM 678R

Yr Regn:

2014 / Juv

Estimated Cost:

Type: ☒ M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

SCM 678R

Make:

B.M.W 520i AT

C.C

1997

at Workshop m/s

Performance

Colour

BLACK

A/C:

Insured / Std / NI / NA

of

303 Alexandra Road

Sp. Reading

119861

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WBA 5A 32010D 334786

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

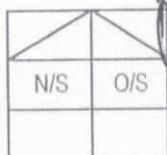
F:

225/55R17

R:

Remark: The veh had commenced its

repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

CONTINENTAL

Bal. or Market Value:

Front

Rear

IDAC Accident Rport:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

18/06/19

D.O.I.

15/07/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

PERFORMANCE

CA / REV / REP. / 24 HRS

mp"

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

O/S Frt

Date:

Person Contacted:

Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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