

REF: AIG CC3/AIG 19016993/Asf3

ASS. REC. BY:

Meriman

ASSIGNMENT

From:

Date:

26/9/19

Estimated Cost:

OLV TP VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

S 9105 CD

at Workshop n/s

Premium Automobile

of

55 Ubi Road 1

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

7BA \$1,000

(Client's Record)

Make of Veh:

10am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

201C ***

IDAC Accident Rpt:

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:

Veh No

S 9105 CD

Regn:

2012, August

Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Audi Q5

C.C. 1984

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

92783

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAW2228RXCA126012

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder? / Jammed / Leaked / Burnt orBrake: ☒ Inorder? / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 235/55R19

R: 235/55R19

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

26/09/19

Survey held at

Meriman

Des. of Damages: Frt / Rear ☒ O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

OD AIG

S 9105 CD - CC6/AIG 19012698/Kh33

D.O.A - 07/07/2019

24/09/19 @ 15:16 pm revised PA to Khoo Kay-Gy V's meriman

27/09/19 @ 15:18 pm mandarin requested authority refer to AIG V's meriman

Assume COE: 931C. left 35mth: COE Residue = $\frac{93k}{120} \times 35 = 27k$.MV: 46K. Min Part = $46/2 = 23$ PV: $23 + 27 = 50k$.MV of Vehicle with COE = $70k - 50k = 201C$.

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. Insp (\$)☐ : Weekend (\$)

Survey Fee:

Transportation

S + RS 51

Hubs

Others

P/T/L

Rep. Form:

Emp. Sign / REP. is: