

ASS. REC. BY:

REF:

AIG

ASSIGNMENT

From:

Date:

14.10.2019

Estimated Cost:

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

To Inspect Vehicle No: SNE 5401M

at Workshop m/s Estum Drive

of 385 Sh Ming Drive

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh: After 12.00p.m

(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: 04 days Res.: Yes or No

Lum Sum: 1.3-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

"wp"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SNE 5401M

r Regn:

10, 18

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

Truck / Trailer or

Make:

707 RWS

C.C

1797

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

50841

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

8VW40 0030005

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:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 6 mm

L/Bal. 5 mm

L/Bal. 6 mm

D.O.A. 13/10/19

D.O.I. 14/10/19

Survey held at

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

ols Rear body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format:

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL