

REF: AIG

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: 18/10/2019

Estimated Cost: _____

OD (TP) / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLQ 6869Pat Workshop m/s Team Autoproof 160 Bin Ming Drive # 01-14

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: 77,000/2

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 ^{sup}

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLQ 6869P Yr Regn: 19/7/2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota CHR Hybrid c.c 1797Colour Brown A/C: Insured / Std / NI / NASp. Reading 157219 T/Radio: Insured / Std / NI / NAEng/No: 2ZR8107878C/No: ZYX 102039928Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60/17 GoodrideR: 215/60/17 Westlake

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

TOYO / YOKO or Goodride frt / Westlake rea

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 16/10/19D.O.I. 18/10/19Survey held at Team AutoproDes. 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

DAR4/5 6,000/2Team Autopro30/10/19MV 77,000/2PV 45,914/2NV 31,086/2Team Autopro18/10/19

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:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Report Format : _____

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