

REF: AIG

ASSIGNMENT

From: Date: 6/11/19

Veh No: SJS 2667U Yr Regn: 7/8/2009

Estimated Cost:

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

Truck / Trailer or

To Inspect Vehicle No: SJ 52667U

Make: Hyundai Avante c.c 1591

at Workshop m/s Deam Autopro

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

of 160 Sin Ming Dr #01-14

Sp. Reading: 206 988 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No: G4FC9U653 P28

Policy No.

C/No: KM HDU41BR9U759143

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: 185/55/15

R: 185/55/15

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

N/S	O/S

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

TOYO / YOKO or

Bal. or Market Value:

25,000/2

Front

Rear

IDAC Accident Rpt:

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:

6 days Res.: Yes or No

D.O.A. 31/10/19

D.O.I. 6/11/19

Lum Sum:

% 3 Val.: Yes or No

Survey held at

Deam Autopro

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date:

Person Contacted:

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

Date / Time	Action / Instruction
	H/S 4,000/2 TGRim lin: 20/11/19
	MV 25,000/2
	PV 13,915/2
	NV 11,085/2
	Jiale
	TGRim lin 7/11/19

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 (\$)

Survey Fee:

Transportation:

\$ S + RS. \$

Photos

Others

Report Format :

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

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

TOTAL