ASS. REC. BY: Marcus
Surveyor: ~~Marmen~~

REF: CS/AIG1902/387/Usd3

Special Instruction:

ASSIGNMENT (Office)

From (Person): Jennifer Chan of AIG Date/Time: 3/12/19 @ 5:40pm

Estimated Cost: Bill to:

(OD) / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLM1085M Insured:

at Workshop m/s Trans Eurokars Tel: 63957874

of 5 Ubi Close

Policy No: 2100504536-02 Claim No:

Sum Insured: Excess: TBA

Make of Veh: D.O.A. 2/12/2019
(Client's Record)

CA / (REV) / REP. / REV 24 HRS 6603 6121 H.O.D. Endorsement:

Date/Time: 9:18am @ 4/12/19 Person Contacted: Vion Vehicle (IN) / OUT

Date/Time	Action/Instruction
	SLM1085M-X
04/12/19	@ 16:57 pm revised PA to Yoke Sh via merimen
04/12/19	@ 17:02 pm mandate required authorize repair to AIG via merimen
05/12/19	@ 12:16 pm mandate approved by Lim Kok Chong via merimen
05/12/19	@ 14:19 pm informed CA to Vion (repairer) via email.

Est. Repairs: 2 days

Lum Sum: 13% 3 Val.: Yes or No

MA 40906

CA / (REV) / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted:

Survey held at 4/12/19 — 11 4/12

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

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

Date / Time	Action / Instruction
	Fups. 3rd. rep 7K.
23/1/20	$4567.29 confirmed with Catherine.
	($7,411.30 Red - 62%)

Date/Time, File Pass to?

1) Typist

Date/Time, File Return to?

2)

[ ] : Preli. Report

[✓] : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($

[ ] : Interview ($

[ ] : Tech. Invs ($

[ ] : Weekend ($

Photos

Others

TOTAL

Report Format:

Lump Sum (ALF ...) 4,567.29 P/P

Driver
Name of Driver
NRIC No
Of Birth
Pass

REF: AIG

ASSIGNMENT

From: Date: 4/12/19

Estimated Cost:

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

To Inspect Vehicle No: SLM1085M

at Workshop m/s: Trans Eurokars

of: 5 Ubi close

Insured:

Policy No:

Claims No:

Sum Insured: Excess: TBA $600/-

(Client's Record)

Make of Veh: Car In.

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 60%

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 13% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS MA 40906

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLM1085M Yr Regn: 3/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA/

Make: mazda 5 OPC cc 1998

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

Sp.Reading: 24888 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6CW1071H0125416

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:

R: 205/55-R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 2/12/19 D.O.I. 4/12/19

Survey held at

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

Rear

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

Date / Time	Action / Instruction
	Typs. 3rh. Rep 7h.
23/1/20	$4567.29 confirmed with Catherine.
	($7,411.30 Red - 62%)

Date/Time, File Pass to?

1) Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / TP Fee 4,567.29 P/P

: Preli. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

: Weekend ($)

Survey Fee:

Transportation:

S+PS St

Photos

Others

Total