22/03/2002

ASS. REC. BY: | REF: 053/AIG/19021766/Gyd3 | Special Instruction:

Surveyor: Guo Qiang Menman

From (Person): Winnie Fun of AIG Date/Time: 10/12/19 @ 11am

ASSIGNMENT (Office)

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMJ924C Insured: GBF 5886Y

at Workshop m/s MJE Motor Tel: 6454 2203

of Blk 758 Ming Ind. Est #01-94

Policy No: Claim No: 1471529760SG

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 7/12/19

CA / REV / REP. / REV 24 HRS

Date/Time: 1:20am @ 10/12/19 Person Contacted: Joyce Vehicle: IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (X) Estimate
	SMJ 924C - X
	GBF 5886Y - CCA/ASM1501707A/Afc1392 DOA: 17/04/2018
	Dismantle: 11/12/2019
	After repair: 16/12/2019

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 10-12-19

Survey held at W/S 2:30pm

Des. 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
	C06 : 15443

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

Report Format: DAR

Lump Sum / UP to:

ASS. REC. BY: Gd | REF: AIG

PRS

ASSIGNMENT

(-2024)

From: Date: 10/12/19

Estimated Cost:

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

To Inspect Vehicle No: SMJ 924C

at Workshop m/s MJE Motor

of Blk 7 Sin Ming Ind. Est 8G-C

Insured: #01-94

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.**

N/S	O/S

Bal. or Market Value: $33K

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

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

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

CA / REV / REP. / 24 HRS (up)

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SMJ924C Yr Regn: 21 Apr 2009

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

Make: Toyota Wish c.c 1794

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

Sp.Reading 221248 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JTDGR12W003003000

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **In order / Jammed / Leaked / Burnt** or

Brake: **In order / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 195/65 R15

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	10-12-19

Survey held at W/S 2:30pm

Des. 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
	Colb : 15443

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: __S + RS, __SI

Photos

Others

Report Formed : DAR

Lump Sum / UP To: 6