

ASS. REC. BY:

REF: CS3/AC19021766/GYD3

Special Instruction:

Survivor: Guo QiangFrom (Person): Winnie Fan

ASSIGNMENT (Office)

Estimated Cost: _____ of ACDate/Time: 10/12/19 @ 11am

Bill to: _____

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

To Inspect Vehicle No: SMJ 924CInsured: ABF 5886Yat Workshop m/s MJE MotorTel: 6454 2203of BK 7 Sin Ming Ind. Est # 01-94

Policy No: _____

Claim No: 147152976086

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 7/12/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 11:20am @ 10/12/19Person Contacted: JayceVehicle IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SMJ 924C-X</u>
	<u>ABF 5886Y - CC4/ASM18017079/At 139.2</u>
	<u>Dismantle: 11/12/2019</u>
	<u>After repair: 16/12/2019</u>

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

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

D.O.A. _____

D.O.I. 10-12-19Survey held at w/s2:30pmCA / REV / REP. / 24 HRS (up)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>CoB: 15443</u>

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

) \$ + PS. SI

) Photos

) Others

☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: DAR

Lump Sum / B/E: _____

ASS. REC. BY:

62

RE:

AIG

PRS

ASSIGNMENT

(-2024)

From:

Date:

10/12/19

Estimated Cost:

Veh No:

SMJ924C

Yr Regn:

21 Apr 2009

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

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

Truck / Trailer or

To Inspect Vehicle No:

SMJ924C

Make:

Toyota wish

C.C

1794

at Workshop m/s

MJE Motor

Colour:

Blue

A/C:

Insured / Std / NI / NA

of Blk 7 Sin Ming Ind. Est & Co-C

Sp. Reading

22/248

T/Radio: Insured / Std / NI / NA

Insured: #01-94

Eng/No:

C/No:

JTDGR12W003003000

Policy No.

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

Claims No.

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

Sum Insured:

Excess:

(Client's Record)

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

Make of Veh:

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

Tyre Size:

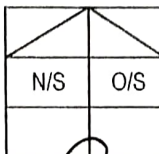
F:

R:

195/65 R15

(Policy Condition)

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



Bal. or Market Value:

\$33K

IDAC Accident Rpt:

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

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

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

Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time

Action / Instruction

Cob : 15443

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format: DAR

Lump Sum / TP E.C.