22/05/2002

ASS. REC. BY: | REF: CS/AIG1902907I/GtFJ | Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Winnie Fan of AIG Date/Time: 6/12/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGN 9660D Insured: GBJ 3948U

at Workshop m/s KINGS AUTO Tel: 6457 8629

of AIG 126 S/M DRIVE #02-10 S/M Autocare

Policy No: 1900085547 Claim No: 2621680199SG

Sum Insured: Excess:

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

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 6/12/19 @ 10.24a Person Contacted: Annie Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction Estimate (X)
	SGN 9660D - X
	GBJ 3948U - X
	Pending estimate by monday.

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Survey held at W/S 3:15 pm

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
	Col: 18157
6/12	Estimate give later.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

__ S + RS __ SI

Photos

Other:

TOTAL

Report Format :

Lump Sum / I.P. Rate :