Ag's REG. BY: REF: AIG 862/hs3

ASSIGNMENT

From: Date: 10/01/2020

Estimated Cost:

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

To Inspect Vehicle No: SMD 5401 T

at Workshop m/s Optima Werkz

of 9A Serangoon North Avenue 5

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Morning

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1WP1

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMD 5401 T Yr Regn: 08/18

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

Make: Toy Sienta (A) c.c 1496

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 99537 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NHP170 7110645

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: 185/60R15

R:

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	6 mm
L/Bal.	4 mm	L/Bal.	6 mm
D.O.A.	2/1/20	D.O.I.	10/1/2020

Survey held at ✓

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

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

Date / Time	Action / Instruction
13/1	$ 661.68 email (CR00: $210.00 (24%))

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. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	