

S. REC. BY:

REF:

CS3/AIG 20001400/Acd3

ASSIGNMENT

merimen

From:

Date:

23/01/2020

Estimated Cost:

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

To Inspect Vehicle No:

SKH 9813P

at Workshop m/s

Premium

of

55 ubi Road 1

Insured:

Policy No.

2100329576

Claims No.

9611909573SG

Sum Insured:

Excess:

\$800/f

(Client's Record)

Make of Veh:

11:30am

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA (REV) / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKH9813P

Yr Regn:

2013 Jan.

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

Truck / Trailer or

Make:

Audi A4

C.C

1798

Colour

Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

108562

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAU2228K6DA057923.

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: 225/50R17

R: 225/50R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

23/01/20

Survey held at

Premium

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

Front o/s

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

Date / Time

Action / Instruction

OD AIG

SKH 9813P - CS3/AIG 20000879/Acd3

DOA: 10/01/2020

12/3 3:41pm Confirmed final sig \$3,739.36 and 5 days with Carime. (Red. FIFTS. 64, 82%)

MV: 55K

55K

Adrian say follow back DOA - 10/01/20

TV: 433K

Nett: 9.7K

23/01/20

@ 15:03pm revised PA to AIG via merimen.

23/01/20

@ 15:07pm mandate requested authorize repair to AIG via merimen.

Date/Time, File Pass to?



Preli. Report

Days Of Repair:

5

1)



Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RG, SI

Photos

Others

TOTAL

Report Format:

OD

Lump Sum / (C): (\$

\$3,739.36