ASS. REF: REF: AIG

VIC

ASSIGNMENT

From: Date: 16/3/2020

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / NV / MV

To Inspect Vehicle No: SJG 6702M

at Workshop m/s Zeam Autopro

of 160 Bin Ming Dr. #01-14

Insured:

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 74,600/-

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3/4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted

Van No: SJG 6702M Yr Regn: 31/3/2017

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

Make: Toyota CHR c.c 1797

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

S/Reading 32755 T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR8164737

C/No: ZYX10C63005

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: 225/50R18

R: 225/50R18

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A 8/1/2020 D.O.I 16/3/2020

Survey held at Zeam Autopro

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

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	MV 74,600/-
	PV 45,627/-
	NV 28,373/-

Terrum Lim
17/3/2020

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format:

Lump Sum / Item:

Survey Fee:

Transportation:

__S +RS__SI

Photos

Others

TOTAL