

22/03/2002

REF: CS/AIG 20004029/ ksf3

Special Instruction:

ASS. REC. BY:

Surveyor: Komerh

ASSIGNMENT (Office)

Date/Time: 16.3.2002 7:30am

Meriman

From (Person): Chin Lu Ying of AIG

Bill to:

Estimated Cost:

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

Insured:

To Inspect Vehicle No: SMC 3503B

Tel: 8611 3195

at Workshop m/s Motor Image

of 19 Laong & Tou Payoh

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 4.3.2000

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 16.3.2002 11:00am

Person Contacted: Daniel

Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SMC 3503B-x</u>
<u>17/03/20</u>	<u>@ 10:03 am revised PA to Azlan, Syazaidina via meriman.</u>
<u>17/03/20</u>	<u>@ 10:07 am mandate requested authorize repair to AIG via meriman.</u>

Turn Sum: 1.19.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Survey held at

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

Date: Person Contacted:

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>17/03/20</u>	<u>@ 13:35 pm mandate approved by victor leoh via meriman</u>
<u>17/03/20</u>	<u>@ 15:09 pm informed CA to Daniel via email.</u>
<u>P/P \$ 3,066.13 @ 6 days Confirmed with Daniel.</u>	
<u>(\$ 7,113.97 Red - 70%)</u>	

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 6

: Final Report

Resurvey No. of Trlp: 1

Survey Fee:

1) Typist
Date/Time, File Return to?

Transportation:

Add Fee: : Site Insp (\$

) S + RS. \$1

: Interview (\$

) Fines

: Tech Invs (\$

) Others

: Weekend (\$

Report Format:

mp Sum (I.B.D) (\$ 3,066.13 P/P)

REF: AIG/

ASSIGNMENT

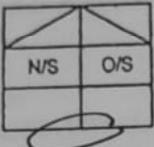
SMC 3003B⁵⁰ Yr Regn: 06, 18

Veh No: SMC 3003B⁵⁰ Yr Regn: 06, 18
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or Wagon
Make: Subaru Forester c.c. 1995
Colour: n. Red A/C: Insured / Std / Nil / NA
Sp. Reading: 19905 T/Radio: Insured / Std / Nil / NA
Eng/No: JF15J5K65JG110790
C/No: JF15J5K65JG110790
Gen. Cohd: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD / VRim or
Tyre Size: F: 225/60R17
R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front R/Bal. 0 mm R/Bal. 0 mm
L/Bal. 0 mm L/Bal. 0 mm
D.O.A. 4/3/20 D.O.I. 16/3/2020
Survey held at ✓
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: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
To Inspect Vehicle No: _____
at Workshop m/s: Mota Imex
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: \$0/-
(Client's Record)
Make of Veh: _____



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

Bal. or Market Value: \$82k
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 6-12 days Res.: Yes or No
Lum Sum: 1-1.1 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
17/03/20	@ 13:35 pm mandate approved by victor / cola via message.
17/03/20	@ 15:09 pm informed CA to David via email.
P/P \$ 3,066.13 @ 6 days Confirmed with David. (P \$ 7,113.97 Red - 70%)	

Date/Time, File Pass to? : Prell. Report
1) Typist : Final Report
Date/Time, File Return to?

Days Of Repair: 6
Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee:

Transportation	\$ + RS. \$
Fixtures	
Others	
TOTAL	

Report Format :
Lump Sum / I.B.D (\$ 3,066.13 P/P)