

ASS. REC. BY:

REF:

AIG CC3/AIG20004586/Asf3

ASSIGNMENT

From:

Date:

27.3.2020

Estimated Cost:

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

To inspect Vehicle No:

SLD 8595J

at Workshop m/s

Premium

of

55 ubi road 1

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

\$1,000 -

(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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

SLD8595J

Yr Regn:

2016 / June

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

Truck / Trailer or

Make:

Audi Q5

c.c. 1984

Colour:

Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

62692

T/Radio:

Insured / Std / NI / NA

Eng/No:

WAUZZ28RS6A141796

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F: 235/60R18

R: 235/60R18

BS / DUN / EXNOVA / GY / PS / LIZA / MIC / OHTSU / ☒ PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

86

mm

R/Bal.

86

mm

L/Bal.

86

mm

L/Bal.

86

mm

D.O.A.

D.O.I.

27/03/20

Survey held at

Premium

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

ODAIG

27/03/20 @ 15:35 pm revised PA to AZH via memo

via memo

27/03/20 @ 15:48 pm mandate requested authorize repair to AZH

MV: 1151K

PV: 88.41K

Nett: 46.61K

30/03/20 @ 14:51 pm mandate approved by Victor Koh via memo

30/03/20 @ 16:00 pm informed C/A to Tony via memo

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Form:

Lump Sum / L.B.I.: