

ISS. REC. BY:

Paul

REF:

CC3/AIG 2000 6091/R14P3

9940

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLP 7744P

at Workshop m/s PREMIUM

of 281, MEMORA RD

Insured: AIG

Policy No.

Claims No.

Sum Insured:

Excess:

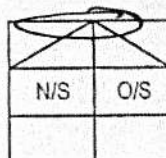
\$1000

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

142K

IDAC Accident Rpt:

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:

SLP 7744P

Yr Regn: 2017 / Jun

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

Truck / Trailer or

Make:

Audi Q5 SPORT 2.0 TFSI Qu c.c 1984

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

34881

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAY 222F43H 2022456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

255/45R20

R:

ES / 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.

08/05/2021

D.O.I.

02/06/2020

Survey held at

PREMIUM

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

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

Date / Time

Action / Instruction

OD AIG

Confirm Final Fig \$19008-40 (Red \$28341-60, 59%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

3/11/20 Typist

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

____ \$ + RS ____ \$

Photos

Others

Report Format:

Lump Sum / L.B.I. (\$

\$19008-40