

REF: G3/AIG 20005083/ETJ-1

PRS

Minimum

ASS. REQ. BY:

SAI Veyron SALV

ASSIGNMENT (Office)

From Person Jeffrey Ng

of AIG

Thursday, 2 July, 2020 12:39

Date/Time: PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PA 8930T

Insured:

GP 558R

at Workshop n/s

Sincerebad Garage

Tel:

of 2 Bunch Glesant #02-09

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 3.4.2020

(Client's Record)

Supr

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 8.4.20

Person Contacted:

Vehicle IN JOUR

Date/Time

Action/Instruction (X) Estimate

PA 8930T - X

paper survey

GP 558R - X

ASS. REG. BY: Steve

REF: AIG

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s: _____

of _____

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.

X	X
N/S	O/S

Bal. or Market Value: _____

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PA 8930T Yr Regn: 9/9/99

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

Truck / Trailer or

Make: Toyota Hiace c.c. 2982

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

Sp. Reading: 215000 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KOH 201 992750

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175 R15C

R: 11

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

TOYO / YOKO or

Front 5 mm Rear 5 mm

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 3/4/20 D.O.I. 8/4/20

Survey held at Smirrehead Garage

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

FR LH

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

Date / Time	Action / Instruction
	<u>MV-26K</u>
	<u>lump sum \$14200, 12 days</u>
	<u>(Red: 11,150;43%)</u>

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 12

Resurvey No. of Trip: _____

1) _____
Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

Report Format : _____

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