BY: 6Q. PRS

AIG

ASSIGNMENT

Date:

Estimated Cost

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

Inspect Vehicle No:

Workshop m/s: Freesion Autodrive

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

Val. or Market Value: $20K

DAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: GBC4744X Regn: 28 Aug 2012

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

Make: Toyota Dyna 150 cc 2982

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

Sp Reading: 273590 T/Radio: Insured / Std / NI / NA

Eng/No.

C/No: JTFAT35Y20K202071

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 A/Rim or

Tyre Size: F: ~~195~~ 195R15

R: 155R12

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal	5	mm	L/Bal	5	mm

D.O.A. D.O.I. 21-12-20 5:30pm

Survey held at: W/S

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
	No Body injured.
	COE: 9174

Date/Time, File Pass to? [ ] : Preli. Report

[ ] : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] Site Insp (S$

[ ] Interview (S$

Survey Fee:

Transportation: