

ASS. REC. BY:

REF:

ASSIGNMENT

From:

Date:

Veh No:

SFNSIS0Y

Yr Regn:

2019, March.

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Nissan Sylphy.

c.c. 1598

at Workshop m/s

Colour:

Blue

A/C:

Insured / Std / NI / NA

of

Sp. Reading

23093

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

MNTBBAB17Z0034678

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

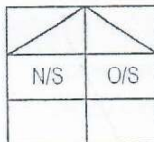
Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

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



Tyre Size:

F:

195/60 R16

R:

195/60 R16

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent?

Yes or No

R/Bal.

06

mm

R/Bal.

06

mm

GIA / PR Seen:

Consistent?

Yes or No

L/Bal.

06

mm

L/Bal.

06

mm

Est. Repairs:

days

Res.:

Yes or No

D.O.A.

D.O.I.

13/01/21

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

Lee Sheng

CA / REV / REP. / 24 HRS

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

Rear N/S.

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

TP AIG.

MV:

PV:

Nett:

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Report Format:

Lump Sum / LBJ: (\$)

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SMH1631B

Date of Accident

06/01/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG**Period of Insurance **14/01/2019 - 13/01/2021**Requested By **Lee Ek Chen (Lee Sheng Auto...**Requested Date **09/01/2021 19:50**

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**

Total Amount Due (GST

Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**