ASS. REC. BY: REF:

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SFN5150Y Yr Regn: 2019, March.

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

Make: Nissan Sylphy. c.c 1598

Colour Blue. A/C: Insured / Std / NI / NA

Sp.Reading 23093. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MNTBBAB17Z0034678

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60 R16

R: 195/60R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	13/01/21

Survey held at Lee Sheng.

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

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

Date / Time	Action / Instruction
	TP A16.
	MV :
	PV :
	Nett :

Date/Time. File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/Time. File Return to? 2)

Report Format :

Lump Sum / I.B.I. :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Inve ($) ☐ : Weel end ($)

Survey Fee:	
Transportation:	
___$ + PS.___SI	
Photos	
Others	
TOTAL	

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMH1631B

Date of Accident

06/01/202

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**