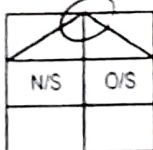


CLB

ICS

ASSIGNMENT

From _____ Date _____
 Estimated Cost: _____
OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s AIM
 of _____
 Insured: _____
 Policy No _____
 Claims No. _____
 Sum Insured: _____ Excess: TBA
 (Client's Record)
 Make of Veh: _____



(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

Bal. or Market Value: \$25k
 IDAC Accident Report Consistent? Yes or No
 GIA / PR Seen: Consistent? Yes or No
 Est Repairs: 5 days Res: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No
 CA / REV REP. / 24 HRS

Date: _____ Person Contacted _____

Vehicle: IN / OUT

Veh No: SEK9850A Regn: 31 DEC 2011
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi A3 1.4 cc 1390
 Colour: Black A/C: Insured / Std / NI / NA
 Sp Reading: 117959 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAUZZZ8P3CA075340
 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: 225/45R17
 R: 17
 BS / 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: 11-02-21 D.O.I: 19-02-21
 Survey held at: W/S 4pm
 Des of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

CLB: 18315

Date/Time: File Pass to?

☐ Preli. Report
☐ Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp. (\$)
☐ Other (\$)

Survey Fee:

Transportation

1000 - 1500

1500 - 2000

2000 - 2500

2500 - 3000

3000 - 3500

3500 - 4000

4000 - 4500