

ASS. REQ. BY: Steve REF: CS/AIG 200/3488 EV F3-2

ASSIGNMENT

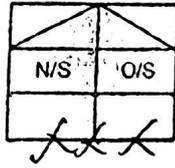
Reinspection

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / QD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SML 3333C
 Policy No: 0999993924
 Claims No: 7962907907SG
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: VBK 5018 Yr Regn: 1/1/18
 Type: Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Volkswagen Passat c.c. 1798
 Colour: Black A/C: Insured / Std / NI / N
 Sp. Reading: 45381 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: PPVZZZ3CZHL990372
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: Nil / S/R / m / STD A/R / m or _____
 Tyre Size: F: 235/45R18
 R: 11

(Policy Condition)

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



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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or General
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 2/12/20 D.O.I. 20/4/21
 Survey held at Car Smith
 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
26/4/21	Submit LS \$7050, 5 days (red 6200, 46%)

Date/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: 5
 Resurvey No. of Trip: _____

Date/Time, File Return to? 26/4/21-Typist

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

Survey Fee:	_____
Transportation:	_____
S + RS + SI	_____
Photos	_____
Others	_____
TOTAL	_____

Pop. Format: TP Res
 Lump Sum / L.E.I. / LS \$7050