ASSIGNED BY: Taufik REF: CC3 | AIG 21005807 | Tip93

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 'WP'

Vehicle: IN / OUT

Date: Person Contacted: Eddie

Veh No: SMB69M. Yr Regn: 2009 / June.

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

Make: Mercedes Benz. OC500LE c.c 11967

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

Sp.Reading 769615 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WEB63442021000178

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: 275/70R22.5

R: " " (D)

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	8/8	mm
L/Bal.	8	mm	L/Bal.	8/8	mm
D.O.A.			D.O.I.	11/5/21 @ 330pm	

Survey held at SMRT WL

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

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

Date / Time	Action / Instruction
	w/s will pass GIA later

Date/Time, File Pass to?

1)

[ ] : Preli. Report

[ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Insp ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others:

Report Format:

Lump Sum / Itemis