CS3/AIG21005238/Gtf3-1

ASSIGNED BY: Crd PRS — AIG

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Apex Motor Sp

of

Insured:

Policy No. 1900067146

Claims No. 1881564721SG

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: 121,000/-

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: SMQ6844H Yr Regn: 29 oct 2019

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

Make: Toyota Noah 1.8X c.c 1797

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

Sp.Reading 144914 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR 800 404842

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: 195/65R15

R: 〃

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. D.O.I. 28-04-21

Survey held at w/s 4:30pm

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

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

Date / Time	Action / Instruction
	Got Body injured. DAR DONE BY SIMON
	SUBMIT LUMP SUM 3000, 3DAYS
	RED: 2600; 46%

Date/Time, File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Report Filed / Lump Sum / Bills

Days Of Repair: 3

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL