

ASS. REC. BY:

Steve

CS/AIG 21007497/ETP3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1900263052

Claims No. 1525341929SG

Sum Insured:

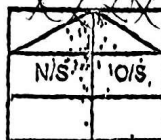
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

SGCS892X

Yr Regn:

6/1/20

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

Truck / Trailer or

Make:

KIA Canto

c.t. 1891

Colour:

Silv

AJO: Insured / Std / NI / N

Sp. Reading

34837

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KIA F5416MK: 5052314

Gen. Cond: Good / Fair / Poor / Bunt

Steering: Inorder / Jammed / Locked / Burnt or

Brakes: Inorder / Jammed / Locked / Burnt or

Modl: Nil / S/Rim / STD AIR / or

Tyre Size:

F:

225/45R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

8/7/21

D.O.I.

9/7/21

Survey held at

cycle & carriage

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MR-88K

Confirm finalized amount of \$ 6877.60. 7days before gst and excess

RED:7812.8:53%

Date/Time, File, Post to:



: Prel. Report



: Final Report

Date/Time, File Return to:

Days Of Repair: 7

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (%)



: Wash and

S + RS \$

Fees

Others

TOTAL

Approved By:

Date/Time/Signature