ASS. ~~F~~ BY: | REF: CC4/AIG21010559/Dpa3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / ~~T F~~WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured _____

Policy # _____

Claims b. _____

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. of Market Value: _____

IDAC Accident Rport _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: TP % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMC7075T Yr Regn: 2018 / July

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

Make: Subaru Forester c.c 1995

Colour Brown A/C: Insured / Std / Nil / NA

Sp.Reading 42550 T/Radio: Insured / Std / Nil / NA

Eng/No: FB20YE24718

C/No: JF1SJ5KC5JG111292

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: 225/60R17

R: —11—

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

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm
D.O.A.	10/10/221	D.O.L	14/10/221

Survey held at Goh Lee Hwa AMK

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

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

Date /Time	Action / Instruction
	AIG SJV 6766A
11/11/221	final TP 6,119.44 with 6 days of rep

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

Report Format : _____

Survey Fee:

Transportation: $ + RS. SI

Photos

Others