

SC

ASS. REC. BY: VAZ

NER.

AIG

CS4/AIG22001055/Nqy3 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: 4192902740SG

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

*Mttan @
Kamfs. net*

| | |
|-----|-----|
| N/S | O/S |
| LMS | R/S |

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

Bal. or Market Value: 45K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: GBF 9197X Yr Regn: 13 APR 2017

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

Truck / Trailer or _____

Make: TOYOTA PROACE 1.6 MANUAL C.C. 1,560

Colour: SILVER A/C: Insured / Std / N

Sp. Reading: N/A T/Radio: Insured / Std / N

Eng/No: _____

C/No: YARNBBHVBGZ056872

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 215/65 R16

R: 11

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

TOYO / YOKO or HABILEAD

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 6

L/Bal. 5 mm L/Bal. 6

D.O.A. 27/1/2022 D.O.I. 4/2/2022

Survey held at KAN FOOK SING

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

FRONT OFF SIDE REAR SIDE

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

Date / Time Action / Instruction

COE Rebate \$24,025.00

Repairs Limit \$20K

08/02/22 @ 3.05pm revert to AIG via Merimen. (Pending COR from reparer)

09/02/22 @ 5.36pm 2nd revert to AIG via Merimen. (T/L)

25/02/22 Submit Extensive Total Loss Report.

Investigation: \$500/-

Date/Time. File Pass to? : Prell. Report

1) 25/02 Typist : Final Report

Date/Time. File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

___ S + RS ___ \$

Photos

Others

TOTAL

Report Format: MER-OD/TL-E

Lump Sum / I.B.I: (\$ _____)

AIG L/S