DEPT: SMR REF:

ASS. REC. BY:

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: AIG

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: 3 days Rear: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: Shb8780 Yr Regn: 29/12/2021

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

Make: MG5 c.c 1.1 Kmh

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

Sp.Reading 32051 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: LSJE24035 MG057730

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: Indifer / Jammed / Leaked / Burnt or _____

Brake: Indifer / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / Std A/Rim or _____

Tyre Size: F: ~~205~~ 195/60R16

R: _____

(DS) 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.	1/2/23	D.O.I.	2/2/23 12pm

Survey held at SMRT

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

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

Date / Time	Action / Instruction
	P/P

Date/Time, File Pass to? 1) _____ : Preli. Report

Date/Time, File Return to? 2) _____ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp ($ _____)

: Interview ($ _____)

: Tech. Invs ($ _____)

: Weekend ($ _____)

Survey Fee:	
Transportation:	
S + RS + SI	
Photos	
Others	
TOTAL	