mod not with ECICS policy; with AIG policy

REF: CS | ICS24120364 | A9P3

ASSIGNMENT

From: Date:

Estim. Cost:

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

To in vehicle No:

at Workshop m/s

of

Insured:

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. Repair 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: PC2887P Yr Regn: 2014, Oct.

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

Make: Toyota Hiace Commuter C.C 2982

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

Sp.Reading: 433334 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH2230020763

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: 195R15C

R: 195R15C

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A		D.O.I.	24/12/24

Survey held at Bifrost

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

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

Date / Time	Action / Instruction
	TP ECICS. COE Expiry : 13/10/2029.
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV : 551K
	PV : 34.6K 30/09/2025. – To temporary close until
	Nett : 20.4K We receive confirmation on who is going to pay.
	To hold survey report.

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) ___S + RS. ___SI

[ ] : Interview ($) Photos

[ ] : Tech. Inve ($) Others

Report Format :