

BY:

REF: AIG

ASSIGNMENT

Jm:

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.

Sum Insured:

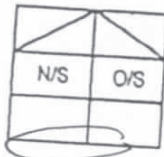
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

7/2 File pass to Catherine
01/2 01/2

Veh No:

STD 24085

Yr Regn:

04, 08

Type: M. Car

M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

M17 Lancer

c.c

1499

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

203306

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JMYSPRY 2APU006775

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 155/80R16

R: B.S

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

Front

R/Bal.

3

mm

Rear

R/Bal.

5

mm

L/Bal.

3

mm

L/Bal.

5

mm

D.O.A.

21/2/18

D.O.I.

6/2/18

Survey held at

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

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

23/2/2018

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2) 26/2 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I. (\$

Merimen

950/2