BY: REF: AIG

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Wei Lee

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. Repairs: 03 days Res.: Yes or No

Lum Sum: 70 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SJD 2408E Yr Regn: 04, 08

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

Make: MIT Lancer (A) 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: JMYSRCY2A8U006773

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: Falken 205/60R16

R: B.S

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	5 mm
L/Bal.	3 mm	L/Bal.	5 mm
D.O.A.	2/2/18	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.

Date / Time	Action / Instruction
7/2	File pass to Catherine
	u/g & BSC

23/2/2018.

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

1) : Final Report

Date/Time, File Return to?

2) 26/2 - typist

Report Format:

Lump Sum / I.B.I: (S Merimen 950/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (S)

: Interview (S)

Tech Invs (S)

Weekend (S)

Survey Fee:

Transportation: S + RS S/

Photos

Others

TOTAL