

Signature

REF:

AIG

ASSIGNMENT

From:

Date:

21/3/18

Estimated Cost:

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

To Inspect Vehicle No:

SLM 3958G

at Workshop m/s

Pegasus

of

51 Deft Lane 10

Insured:

S T-T 2 STR

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

10 am

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'wp'

72006

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No.

SLM 3958G

Yr Regn:

3 / 17

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

Truck / Trailer or

Make:

Mortde 3

C.C.

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

100215

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM 63N22A8H0149521

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Triangle

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/3/18

D.O.I.

21/3/18

Survey held at

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

N/S Body

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

Date / Time

Action / Instruction

21/3/18 confirmed 2/s #1400 with Sam.

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 (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) \$ + RS \$

) Photos

) Others

Report Format :

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

TOTAL