

(08/11/13)

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLW 4422Bat Workshop m/s Hua Hongof 250 Sunhe KAMUT ST 1Insured: 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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SLW 4422B Yr Regn: 2018 / F6AType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA CHR 1.8 S c.c. 1797Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 32651 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 24X102078427Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R17R: 1 -

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 02/04/18D.O.I. 16/08/18Survey held at Hua HongDes. 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

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: ☐ : Site Insp (\$)

S + RS, SI

☐ : Interview (\$)

Photos

☐ : Tech. Invs (\$)

Others

☐ : Weekend (\$)

TOTAL

Report Format :

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