

Tagger

REL: AIG

13911 T11

ASSIGNMENT

From

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:

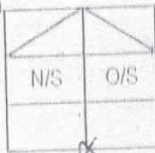
(Client's Record)

Make of Veh:

*before 12pm
In thiran*

(Policy Condition)

Remark The veh had commenced its repair at the time of inspection.



Bat. 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

SMC5322T

Regn

2018 July

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

Truck / Trailer or

Make

BMW 420I

CC

1998

Colour

Grey

A/C Insured / Std / NI / NA

Sp. Reading

4622

T/Radio Insured / Std / NI / NA

Eng/No

C/No:

WBA 4H320505413490

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modt: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F:

225/45R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

4/3/17

Survey held at

PMU

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

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 (\$

☐

Week-end (\$

) S + RS \$

) Photos

) Other

TOTAL

Report Format :

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