ASS. REC. BY: Jessie Merinan REF: AIG CC3/AIG19016224/Rlyd3

ASSIGNMENT

excess $1000

From: Date: 12/09/2019

Estimated Cost:

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

To Inspect Vehicle No: SKW 6344

at Workshop m/s Premium Automobile

of 24 Benoi Sector

Insured:

Policy No.

Claims No.

Sum Insured: Excess: TBA

(Client's Record)

Make of Veh: Before 2pm Ezuwan

(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: 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: SKW 6344 Yr Regn: /

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

Make: AUDI c.c

Colour WHITE A/C: Insured / Std / NI / NA

Sp.Reading 30868 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ4M5GD028696

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: 255/55R19

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.	12/09/19

Survey held at PREMIUM

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

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

Date / Time	Action / Instruction
	SKW 6344 - NA/INC16017/qq/h4 DOA: 13/9/2016
16/9/19	Revert via Merinan
17/9/19	Ins wrong assignments Cancel 21/10/19.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	