

ASS. REC. BY: Kenneth

REF:

AIG

ASSIGNMENT

From:

Date: 1/10

Estimated Cost:

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

To Inspect Vehicle No:

SLP 4975J

at Workshop m/s

Accord Auto

of

10 AMK #03-11

Insured:

Policy No.

Claims No.

Sum Insured:

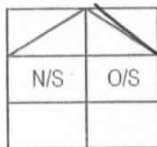
Excess:

(Client's Record)

Make of Veh:

After Dam

(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:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLP 4975J

Yr Regn:

06 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mazda

C.C.

1400

Colour

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

112305

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Jm 6BN 22A814015 8804Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

205/60R16

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

TOYO / YOKO or

CST

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

16/9/19

D.O.I.

1/10/19

Survey held at

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orold 15m

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:

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Invs

(\$



Weekend

(\$

Survey Fee:

Transportation:

S + RS, St

Photos

Others

TOTAL

Report Format:

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