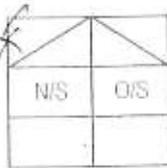


Meimien
Taufik

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 (GD / TP / WS / TP RES / OD RES / EVA / INV / MV)
 To inspect Vehicle No: _____
 at Workshop no/s: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: 1000 \$1,800
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 9155K
 IDAC Accident Report: _____ Consistent?: Yes or No
 GA / 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Veh No: SKG3293KJ yr Pagn 2019, Jan.
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A5 c.c. 1989
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 7874 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAPU 222FSXK A022277
 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: 245/40R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIA / 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. 18/12/19 @ 222pm
 Survey held at: Premium Ubi
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt n/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SKG 3293K - NA / INCL 19022130 / 13 DUA: 14/12/2019
19/12/19 @ 10:26 am	revised PA to AIG via meimien
19/12/19 @ 10:30 am	mandate required authorisation request to AIG via meimien.
P/P \$ 13,032.00/4 DAYS, FINALIZED WITH CARRINE (\$ 8,353.00/RED - 39%)	

Date/Time, File Pass to/ : Preli. Report
 : Final Report
 11 TYPIST
 Date/Time, File Return to/ _____
 7
 Report Formed: _____
 Date/Time, File Return to/ P/P \$ 13,032.00
 Days Of Repair: 4
 Resurvey No. of Trip: 2
 Add Fee: Site Insp. (\$)
 Interview (\$)
 Tech. Invs (\$)
 Wheel align (\$)
 Survey Fee: _____
 Transportation: _____
 3 + Rs. _____
 Hooks _____
 Other _____
 Total _____