ASS. REC. BY:

REF: AIG CC3/AIG20002904/Ayd3

ASSIGNMENT

Merimen

From: _____ Date: 19/2/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLB 55775

at Workshop m/s Premium

of 55 Ubi Rd 1

Insured: _____

Policy No. 1800106939

Claims No. _____

Sum Insured: _____ Excess: 1600

(Client's Record)

Make of Veh: _____

19/2/2020 11am Owner Waiting

(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: SL1355775 Yr Regn: 2018 / Sept S

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

Make: Audi A5 c.c 1984

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

Sp.Reading 65797 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF53JA107430

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: 245/40R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	10/2/20	D.O.I.	19/02/20

Survey held at Premium

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
	OD AIG.
	SLB 55775 - CC4/ASM1900 0904/Apb3q2 DOA: 14/9/2019
20/2/20	Revert via merimen
	MV : 150K 14/9/20 seek Mandate
	PV : 59.5K
	Nett: 90.5K
20/2/20	Rece approved $24,054 from Victor by merimen
20/2/20	Informed Syafiq c/A ex $1600 by email

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___$ ÷ RS, ___SI	
Photos	
Others	
TOTAL	