

ASS. REC. BY:

REF:

AIG CC3/11420002904/Ay03

Merimen

ASSIGNMENT

From: _____ Date: 19/2/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLB 5577S

at Workshop m/s Premium

of SS Ubi Rd 1

Insured: _____

Policy No. 1800106939

Claims No. _____

Sum Insured: _____ Excess: 1600

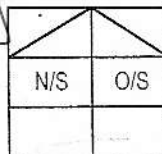
(Client's Record)

Make of Veh: _____

19/2/2020 11am Owner Waiting

(Policy Condition)

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



Bal. 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: SLB5577S 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: 6577 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU22F53JA107430

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 5577S - CC4/ASM19000994/Apb3q2 DOA: 14/2/2019
20/2/20	Revert via merimen
	MV: 150K
	PV: 55.5K
	Nett: 90.5K
20/2/20	Rece approved \$24,054 from Victor by merimen
20/2/20	Informed Syarif c/A ex \$1600 by email

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

3 + RS, \$1

Photos

Others

TOTAL

Report Format: _____

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

☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)