ASS. REC. BY: Steve | REF: AIG

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PA 8930T Yr Regn: 9/9/99

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

Make: Toyota Hiace c.c 2982

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

Sp.Reading 215000 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH201902750

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: 195 R15C

R: "

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 5 mm |
| L/Bal. | 5 mm | L/Bal. | 5 mm |
| D.O.A. | 3/4/20 | D.O.I. | 8/4/20 |

Survey held at Sungeleard Garage

Des. of Damages : (FR) / Rear / O/S / N/S / U/C / Rooftop or fm LH

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

| Date / Time | Action / Instruction |
|---|---|
| | MV-26K |
| | Submit DAR Report 12days |

Date/Time, File Pass to?

1) 20/4 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 12

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

Report Format : DAR PRS

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