

ASS. REC. BY:

REF:

AIG/

Kenneth

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: _____

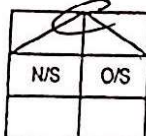
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 1-2 days

Res.: Yes or No

Lum Sum: 1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SMH 2372 Pr Regn: 01, 19

Type: ☒ M/Car / ☐ M/Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or _____

Make: _____

Toy C14R

c.c

1797

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

25428

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

BYX10 214344

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☐ Nil / ☐ S/Rlm / ☐ STD / ☒ Rlm or

Tyre Size: _____

F: _____

215/60R17

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. _____

8

mm

Rear

R/Bal. _____

8

mm

L/Bal. _____

8

mm

L/Bal. _____

8

mm

D.O.A. _____

1/4/20

D.O.I. _____

24/4/2020

Survey held at _____

Des. of Damages: ☒ Fr / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee: _____

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Format :

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