

ASS. REC. BY:

REF:

AIG/20005681/Ke

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:

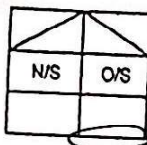
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLX 993R

Yr Regn:

12, 13

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

Truck / Trailer or

Make:

Mer CLA 200

c.c

1595

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

86141

T/Radio:

Insured / Std / NI / NA

Eng No:

C/No:

WDD 1173432N 051713

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Mod:

NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

225/40 R 20

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

6/5/20

D.O.I.

18/5/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear d/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S + RS. \$

Fees

Others

TOTAL

Report Format :

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