

Adrian

CC3/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.
 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: SLD6702E Regn: 2016 June
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi A3 SB cc: 1395
 Colour: Black A/C: Insured / Std / NI / NA
 Sp Reading: 77144 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAU2ZZ8V06A126636
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: 205/55R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Firenze
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 12/06/20
 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 12/06/20@5.40pm revert to Victor via Merimen.
ODALG 15/06/20@3.58pm AASHWEENJEETKAUR THAT Please be informed,
this case owner's policy is under AutoPlus, vehicle registered in 2016.
As per policy terms and conditions, only within first 3 years,
owner is allowed to repair at sole agent's workshop. As vehicle is over
3 years, please advised owner that he will need to head to one of AIG's
authorized workshop.
mv: 651k
PV: 39.71k
Nett: 25.3k 18/06/20@9.59am AASHWEENJEETKAUR EMAIL THAT HE
understand Insured has changed workshop hence kindly assist
to cancel claim in Merimen.
****CANCEL CASE**** Celine 25/06/2020

Date/Time, File Pass to? : Preli. Report Days Of Repair: _____
 : Final Report Resurvey No. of Trip: _____
 Date/Time, File Return to? _____
 Add Fee: Site Insp (\$) _____
 Interview (\$) _____
 Tech. Insp (\$) _____
 Meet and Greet (\$) _____
 Report Format: _____
 Equip. Sum / A.C. / P.C. _____
 Survey Fee: _____
 Transportation: _____
 Photos: _____
 Other: _____
 P.T.H. _____