

ASS. REC. BY:

REF: AIG/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chen Coon

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: G3K12086 Yr Regn: 01, 20

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

Make: Isuzu NH c.c. 1898

Colour: White / Orange A/C: Insured / Std / Nil / NA

Sp. Reading: 8060 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JAAANHR87EK 7100273

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/75R12

R: 155R 12 X 8 (D)

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

Front R/Bal. 9 mm Rear R/Bal. 9 9 mm

L/Bal. 9 mm L/Bal. 9 9 mm

D.O.A. 20/7/20 D.O.I. 24/7/2020

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: _____ Resurvey No. of Trip: _____

1) _____ Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech Invs (\$ _____) : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
Fees:	_____
Others:	_____
TOTAL	_____

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