

ASS. REC. BY:

REF:

AIG/20009925/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.

N/S	O/S

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:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STG 883/K Yr Regn: 04, 11

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

Truck / Trailer or

Make:

Porsche Cayenne c.c. 3598

Colour:

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading:

76.983

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WP1 88892 BB LA 06874

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / R/Rim or

Tyre Size:

F:

255/55R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MICTOHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

7 mm

L/Bal.

6 mm

L/Bal.

7 mm

D.O.A.

14/9/20

D.O.I.

16/9/2020

Survey held at

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

o/s Rear body

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:

S + RS. \$

Fees

Others

TOTAL

Report Format:

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$