

ASS. REC. BY:

CC4/AIG 20010263/Dra³

ASSIGNMENT

COE Feb 2022

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: 9 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SFS 898E Yr Regn: 2012 / FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 730Li c.c. 2996Colour: silver A/C: Insured / Std / NI / NASp. Reading: 156991 T/Radio: Insured / Std / NI / NAEng/No: 12097960N62B30AFC/No: WBAKB22030C951400Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/50 R18R: "

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

TOYO / YOKO or Pirelli

Front _____ Rear _____

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 22/09/22 D.O.I. 24/09/22Survey held at TeamWork Page ubi

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

O/S Pntn.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

AIG SGM 1457H

MV 60K

LIA 49K

NL 11K.

05/12/22

Jmmw L/S 110001 - with 9 days of rep.

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: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

S+RS \$

Photos

Others

Report Format: _____