

ASS. REC. BY:

REF:

AIG

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: 14 days Res.: Yes or NoLum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH0519EYr Regn: 11, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or _____

Make: Renault Latitudec.c. 1995Colour M. White / Red

A/C: _____

Insured / Std / NI / NA

Sp. Reading 218230

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL 15AUG 283438Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ M/S/Rim / ☐ STD A/Rim orTyre Size: F: Pailon 215/60R16

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 24/9/20

Survey held at _____

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

OLS Acc

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

Rear

R/Bal. 3 mmL/Bal. 9 mmD.O.I. 29/9/2020

Date / Time Action / Instruction

1 Got BZ

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, SI

Fees

Others

TOTAL

Report Format :

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