

ASS. REC. BY:

Steve

REF:

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

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

Veh No:

SH 6451 A

Yr Regn:

22/10/19

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

Truck / Trailer or

Make:

Hyundai i30

C.C. 1580

Colour:

Blk

A/C: Insured / Std / NI / NA

Sp. Reading

131929

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH C 851CVL4 186456

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 ☒ A/Rim or

Tyre Size:

F:

195/65R15

R:

n

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

6/10/20

D.O.I.

7/10/20

Survey held at

Confidential

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, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Prop. Form:

Lump Sum / L.E.I. /

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS. SI

Photos

Others

TOTAL