

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.

N/S	O/S

Rat. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Turn Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No:

SHA 6614 P

Yr Regn:

3/4/14

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

Truck / Trailer or

Make:

Hyundai T-40

c.c. 1685

Colour:

Blue

A/C: Insured / Std / Nil / N

Sp Reading

672015

T/Radio: Insured / Std / Nil / N

Eng/No:

KMTHL 6419MEU-053798

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Modl: Nil / 9/Rim / STD A/Rim or

Tyre Size:

F:

205/65R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

17/12/20

D.O.A.

19/12/20

Survey held at

Conf. d/ign

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?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS + SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Pop. Form 1

Lump Sum / L.P. 1/1