

ASS. REC. BY:

Steve

REP:

AIG

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 2202K

Yr Regn:

22/12/19

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

Truck / Trailer or

Make:

Hyundai

12019

c.c

1589

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

85487

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMHIC851CKL4-186813

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65 R15

R:

h

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.

4/11/20

D.O.I.

4/11/20

Survey held at

Can Ld/190

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

Action / Instruction

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Rep. Form:

Lump Sum / L.B. /