

ASS. REQ. BY:

REF:

AIG/ 20012343/Kc

Kernoth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

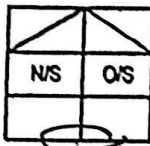
Sum Insured: _____

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: _____

02 days

Res.: Yes or No

Lum Sum: _____

1-8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

STJ 32102 Yr Regn: 11, 09

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

Truck / Trailer or _____

Make: _____

Mini Coupe c.c. 1598

Colour: _____

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading: _____

90489

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WMWNR320307C 36422

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Mod: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: _____

195/55R16

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

5

mm

R/Bal. _____

4

mm

L/Bal. _____

3

mm

L/Bal. _____

4

mm

D.O.A. _____

04/11/20

D.O.I. _____

16/8/2021

Survey held at _____

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)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

Site Insp (\$ _____)

Interview (\$ _____)

Tech Invs (\$ _____)

Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Fees

Others

TOTAL

Report Format:

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