

ASS. REC. BY:

REF:

AIG / 200125591K

Kenneth

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:

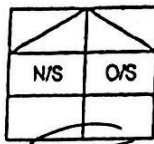
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STI-9177P

Yr Regn:

06, 08

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

Truck / Trailer or

Make:

Mit Lancer

c.c

1998

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

343610

T/Radio: Insured / Std / NI / NA

Eng/No:

A

C/No:

JMYSTCY48U 004346

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: Mic 245/40R18

R: GY 225/45R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

2 mm

R/Bal.

6 mm

L/Bal.

2 mm

L/Bal.

6 mm

D.O.A.

11/11/20

D.O.I.

16/11/2020

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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format:

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)