

ASS. REC. BY:

Steve

REF:

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:

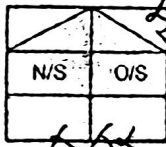
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SH 9647H

Yr Regn:

8/11/18

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

Truck / Trailer or

Make:

Hyundai Tonia

c.c 1580

Colour:

Blue

A/C: Insured / Std / Nil / N

Sp. Reading

287418

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

KMHCB851 CVK 715143

Gen. Cond: Good (Fol) / Poor / Burnt

Steering: Interlocked / Jammed / Leaked / Burnt or

Brake: Interlocked / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

195/65R15

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.

21/11/18

D.O.I.

24/11/18

Survey held at

Comfort del giro

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt RH. Rear

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Pop. Forms:

Print Form / E.I.: