

ASS. BY:

REF:

CC4/AIG 20014212/Dpa³

ASSIGNMENT

CJB Jan 2030

From: _____ Date: _____

Estimated Cost: _____

OD / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Worktop m/s _____

of _____

Insured _____

Policy # _____

Claims b. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Police Condition)

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

N/S	O/S

Bal. of Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / IR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLP 7945 B Yr Regn: Jan / 2010Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Kia Cerato C.C. 1591Colour: White A/C: Insured / Std / NI / NASp. Reading: 106818 T/Radio: Insured / Std / NI / NAEng/No: G4FC9H329097C/No: KNAFW611M A5162638Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45 R17R: 11

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal: S mmR/Bal: S mmL/Bal: S mmL/Bal: S mmD.O.A. 18/12/220D.O.L. 21/12/220

Survey held at

SWG AMK

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

N/S Front

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

Date / Time

Action / Instruction

AIG BL797L

14/10/22 JNMN L/S 750/- with 2 days of rep

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. \$ _____

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Invs (\$ _____)

Others _____

Rep. Format: _____