AIG

ASSIGNMENT

Veh No: SMS8459D Reg: 18 Mar 2020

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

Make: Hondashuttle 1.5Gcc 1496

Colour: Red A/C: Insured / Std / NI / NA

Sp Reading: 24822 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK8210 3487

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/50ZR16

R: 1/

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or MAXXIS

Front		Rear	
R/Bal:	6 mm	R/Bal:	6 mm
L/Bal:	6 mm	L/Bal:	6 mm
D.O.A:		D.O.I:	28-12-20

Survey held at: w/s 4pm

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: Person Contacted:

Vehicle: IN / OUT

CA / REV / REP. / 24 HRS

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

N/S	O/S

(Policy Condition)

Val. or Market Value:

DAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val: Yes or No

Client's Record)

Make of Veh:

Sum Insured: Excess:

Policy No:

Claims No:

Insured:

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s: 1ST Autopro

Date:

Date / Time	Action / Instruction
	Got Body injured.

Date/Time File Pass to:

Date/Time File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp: ($

☐ Interview: (%

☐

Survey Fee:

Transportation: