

AIG

9

ASSIGNMENT

(-2022)

27 Mar 2007

Estimated Cost

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

Inspect Vehicle No:

Workshop m/s

Hock Motor

Insured:

Policy No.

1800116258

Claims No

5439904039SG

Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

JAC Accident Report

JIA / PR Seen:

Est. Repairs:

Cum Sum:

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

No Body Injured.

CEB: 5873

Submit DAR; 5 repair days.

Vehicle No. 56586970

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

Truck / Trailer or

Make

Mazda 3

CC 1598

Colour

Silver

A/C Insured / Std / NI / NA

Sp Reading

190092

T/Radio: Insured / Std / NI / NA

Eng/No.

C/No:

JM6BK10627.0330324

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/Rim or

Tyre Size:

F:

205/55R16

R:

11

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

TOYO / YOKO or

RADAR

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A

D.O.I.

18-01-21

Survey held at

W/S

11:30

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. File Pass to:

☐

Preli. Report

Days Of Repair:

5

1) 19/01 Typist

☐

Final Report

Resurvey No. of Trip:

1

Date/Time. File Return to:

Addl Fee:

☐

Site Insp. (\$

☐

Interview (\$

☐

F. Insp. (\$

☐

Other (\$

Survey Fee:

Transportation

F. Insp. (\$

Interview

F. Insp.

Other

MER-DAR