AIG

# ASSIGNMENT

Date: 21 Mar 2017

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s: Comfort UBi

Insured:

Policy No.:

Claims No.:

Claim Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

| N/S | O/S |
|---|---|
| | |

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

Val. or Market Value:

DAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 1 days Res.: Yes or No

Sum Sum: % 3 Val : Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date: Person Contacted:

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

Make: Audi A5 2.0 cc 1984

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

Sp Reading: 79211 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAU ZZZ F52HA032374

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: 225/30ZR20

R: "

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal | 6 mm | R/Bal | 6 mm |
| L/Bal | 6 mm | L/Bal | 6 mm |

D.O.A: 19-12-20 D.O.I: 12-01-21

Survey held at W/S 2:45pm

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

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

| Date / Time | Action / Instruction |
|---|---|
| | No Body injured. |

Date/Time. File Pass to:

: Preli. Report

: Final Report

Date/Time. File Return to:

Days Of Repair:

Resurvey No. of Trip:

Add'l Fee: Site Insp: @$

Survey Fee:

Transportation