

ACC. REC. BY:

Steve

REF:

CS/AIG21000495/ETF3

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

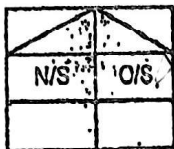
Excess:

(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

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SM 68934L

Yr Regn:

3/1/19

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

Truck / Trailer or

Make:

KIA Cerato

c.c. 1591

Colour:

Silver

A/C: Insured / Std / Nil / N

Sp. Reading

47449

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

KNAF 3416: MK 50182 63

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

11

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

8/1/21

D.O.I.

13/1/21

Survey held at

Cycle &amp; Camera

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

Action / Instruction

MV-73K

Confirm finalized amount of \$ 2,101.60 before Gst. 3 working days

RED: 597.2; 22%

Date/Time, File, Pass to?

☐ : Prel. Report  
☐ : Final Report

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (%)

☐ : Wash and

Survey Fee:

Transportation:

\$ + RS. \$

Phone

Others

TOTAL

Special Form:

imp sum / L.C.I. /