

ASS. BY:

REF:

CC4 | AIG 21000945 | DP³³

ASSIGNMENT

CJE March 2024

From: _____ Date: _____

Estimated Cost: _____

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

To Insp. Vehicle No: _____

at Workshop m/s _____

of _____

Insured _____

Policy No. _____

Claims No. _____

Sum Insured: _____

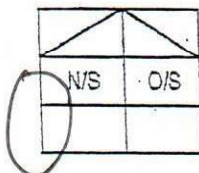
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. of Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or NoLump Sum: 71P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 3126RYr Regn: 2019 March

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

Truck / Trailer or

Make: Hyundai IoniqC.C. 1580Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 299138

T/Radio: Insured / Std / NI / NA

Eng/No: G4LEJU191233C/No: KMHC851C/KU141254Gen. 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: 195/65R15R: 11

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 18/02/2021D.O.I. 20/01/2021Survey held at 30/08/21

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

4/3 Rev

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

Date/Time Action / Instruction

AIG SMU 77972

24/08/21 Inven 71P 9192.40 with 7 days 2 rev

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Report Format: _____

Lump Sum / L.B. (\$)

☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

TOTAL