ASS. REC. BY: Steve REF: AIG

## 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: 0

(Client's Record)

Make of Veh:

(Policy Condition)

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

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

Bal. or Market Value:

IDAC 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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SML 1742T Yr Regn: 8/5/19

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

Make: Mitsubishi Attrage c.c 1193

Colour: White A/C: Insured / Std / NI / N

Sp.Reading: 34976 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: MMBSTA1SAKH00158

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R15

R:

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 5 mm |
| L/Bal. | 5 mm | L/Bal. | 5 mm |
| D.O.A. | 31/1/21 | D.O.I. | 1/2/21 |

Survey held at Cycle & Carriage

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

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

| Date / Time | Action / Instruction |
|---|---|
| | MV-SSR |
| | Confirm $3528.69, 5days before GST |
| | RED:298.31:7% |

Date/Time, File Pass to? ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Inve ($ )

☐ : Weekend ($ )

Survey Fee:

Transportation:

$ + RS. $

Photos

Others

TOTAL