

ASS. F.ED. BY:

REF:

CC4/AIG 21003122/Dgs³

ASSIGNMENT

COE April 2031

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. _____

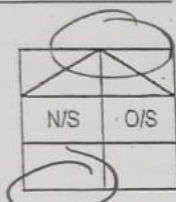
Claims No. _____

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 10 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SDR 983X Yr Regn: Sept 2011Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Lexus IS250 c.c. 2500Colour: Black A/C: Insured / Std / NI / NASp. Reading: 125584 T/Radio: Insured / Std / NI / NAEng/No: 4GR0771392C/No: JTHBK262605157315Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45 R17R: "

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

TOYO / YOKO or Michelin

Front _____ Rear _____

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 08/03/221 D.O.I. 09/03/221Survey held at SWG AMK

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

Front & Rear n/s

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

Date / Time Action / Instruction

AIG SKK 8873G

MV 30K

LIA 27.2K

HL 2.8K

Vehicle balance 6 mths at time of accident. But
renew 10 yr COE in April

MV 74K

LIA 46.7K

HL 27.3K

19/06/2011 Inspr 45146081-
with 10 days

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Report Format: _____

Lump Sum / B.I. (%) _____