

ASS. FED. BY:

REF:

CC4/AIG 21003292/Dpa³

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.

☒	☐
N/S	O/S
☐	☐

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBE 58755 Yr Regn: 2016 Jan

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

Truck / Trailer or

Make: Nissan NV 350 C.C. 2488Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 85070 T/Radio: Insured / Std / NI / NAEng/No: YD25387616AC/No: JN1M12E262*0005785Gen. 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 R15CR: — 11 —

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

TOYO / YOKO or YokohamaFront S mm Rear S mmR/Bal. S mm L/Bal. S mmL/Bal. S mm D.O.I. 12/03/221D.O.A. 12/03/221 D.O.I. 15/03/221Survey held at JWG AMK

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

H/S Front

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

Date / Time Action / Instruction

AIG SM1 6970B

19/06/2021 JWG 413 3600/- with 4 days of rep

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.R. (\$)

☐: Preli. Report☐: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐: Site Insp (\$☐: Interview (\$☐: Tech. Invs (\$☐: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

100%