ASS. REC. BY: Steve | REF: CS/AIG 200/3488 EV F3-2

ASSIGNMENT

Reinspection

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No VBK 5018 Yr Regn: 1/1/18

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

Make: Volkswagen Passat c.c 1798

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

Sp.Reading 45381 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: PPVZZZ3CZHL090372

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/45R18

R: "

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	2/12/20	D.O.I.	20/4/21

Survey held at Car Smith

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

Date/Time, File Pass to?

[ ] : Prell. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

__S + RS__SI

Photos

Others

TOTAL

Copy of Forms :

Lump Sum / L.E.I: ( )