

ASSIGNED BY 62

AIG

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No. _____
 at Workshop m/s Hup ley Honest Motor
 of _____
 Insured _____
 Policy No _____
 Claims No _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No C001377453 Yr Regn: - /
 Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Maserati Ghibli cc
 Colour: white A/C: Insured / Std / NI / NA
 Sp Reading: 66 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZAMAS57C001377453
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Air Rim or
 Tyre Size: F: 235/50R18
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front _____ Rear _____
 R/Bal. 9 mm R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. _____ D.O.I. 23-08-21
 Survey held at w/s 1PM
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

(Policy Condition)

<u>0</u>	
N/S	O/S

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

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS _____
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>Estimate come later</u>
	<u>Confirmed COR \$6200 @ 2 days</u> <u>red:7144.53;53%</u>

Date/Time, File Pass to? : Preli. Report Days Of Repair: 2

1) : Final Report Resurvey No. of Trip: _____

Date/Time, File Return to? _____

2) Add Fee: : Site Insp (\$ _____) Survey Fee: _____

: Interview (\$ _____) Transportation: _____

: Photos _____