

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: _____

(Policy Condition)

Ⓚ	
N/S	O/S

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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.

Date / Time	Action / Instruction
	<u>Estimate come later</u>

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Add Fee: : Site Insp (\$ _____)

Transportation: _____

: Interview (\$ _____)

____ S + RS. ____ SI

Photos _____