

ASS REC BY:

NAZ

REF.

AIG

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
LMS	RMS

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est Repairs: 4 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: SHD 1155 P Yr Regn: 15 FEB 2017

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

Truck / Trailer or _____

Make: HYUNDAI 130C.C. 1,582Colour: SILVERA/C: Insured / Std / NilSp. Reading: 436, 027T/Radio: Insured / Std / Nil

Eng/No: _____

C/No: TMAD281UVHJ124439

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

195/65R15

R: _____

11

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

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal. 4 mmR/Bal. 5L/Bal. 4 mmL/Bal. 5D.O.A. 21/9/2021D.O.I. 23/9/2021

Survey held at

PREMIER CHANIT

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

FRONTOFFSIDENEAR SIDE

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

M/L/S

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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