

ASS. REC. BY: NAZ

REF.

AIG

CHIANG LI

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: 2 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: SHA 8833K Yr Regn: 12 Jul 2017
Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIMS HYBRID (CC) 1798Colour: YELLOW A/C: Insured / Std / NISp. Reading: 695082 T/Radio: Insured / Std / N

Eng/No: _____

C/No: JTDKB3FU503559427Gen. Cond: Good / (Fair) / Poor / BurntSteering: (Inorder) / Jammed / Leaked / Burnt orBrake: (Inorder) / Jammed / Leaked / Burnt orModi: NII / S/Rim / STD / A/Rim orTyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5L/Bal. 5 mm L/Bal. 3D.O.A. 23/9/2021 D.O.I. 23/9/2021Survey held at CDGE LOYANGDes. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop orFRONT OFF-SIDE NEAR-SIDE

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

AIG L/S

Date / Time _____ Action / Instruction _____

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Report Format: _____

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

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

S + RS, SI

Photos

Others

TOTAL