ASS. REC. BY: Kenneth

REF: AIG/21009962/kr

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Ding Auto

of 04-06

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: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 04/05 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMK 6940K Yr Regn: 01, 10

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

Make: Audi A5 c.c 1984

Colour Matt White A/C: Insured / Std / NI / NA

Sp.Reading 83439 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8T5AA032550

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: 225/40R18

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	22/9/21	D.O.I.	4/10/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? [ ] : Prell. Report

1) _____ [ ] : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($ _____)

[ ] : Interview ($ _____)

[ ] Tech Invs ($ _____)

[ ] Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: $ - RS. ___ SI

Fuels _____

Others _____

TOTAL _____

Scanned with CamScanner