

ASS. REC. BY:

REF:

AIG/21012371kg

Kenneth

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:

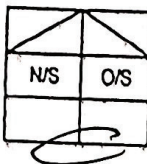
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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:

SKV 41834

Yr Regn:

09, 15

Type:

M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mazda 6

c.c

1998

Colour

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

122548

T/Radio:

Insured / Std / NI / NA

Eng/No:

101844

C/No:

JM 66 J1 072 G 0213506

Gen. Cond:

Good / Fair / Poor / Burnt

Steering: Inorder /

Jammed / Leaked / Burnt or

Brake: Inorder /

Jammed / Leaked / Burnt or

Modl:

NII / S/Rlm / STD / Rlm or

Tyre Size:

F:

225/55R17

R:

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

Front

R/Bal.

4

mm

Rear

R/Bal.

6

mm

L/Bal.

4

mm

L/Bal.

6

mm

D.O.A.

1/11/21

D.O.I.

15/11/2021

Survey held at

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

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

Date / Time

Action / Instruction

1/ Not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

\$ - RS. \$

Fees

Others

TOTAL

Report Format :

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