

(08/11/13)

ASS. REC. BY: Thavan

REF:

AIG OD

CC3/AIG22003631/Vnc

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

Bal. or Market Value: 83k

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: SLW3784M Yr Regn: 8/2 118
 Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A3 c.c. 999
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 72099 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAM2228U05144087
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/55R16
 R: 205/55R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 9/4/22 D.O.I. 16/4/22 1030
 Survey held at Premium
 Des. of Damages: (Rt) Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	MU: <u>83k</u>
	Rebate: <u>43142</u>
	RV: <u>348 348 39858</u>
	OD excess: <u>TBC</u>
	final figure: \$9004.80 and 4 days
	(red, \$12,801.20, 59%)

Date/Time, File Pass to?

1) 21/07/22

Date/Time, File Return to?

2) _____

☐ : Prel. Report
☐ : Final Report
Days Of Repair: 4Resurvey No. of Trlp: 1

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 9004.80)