

Ster

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. 3964749849SG

Claims No. 7220007807

Sum Insured: _____ Excess: 1100

(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. of Market Value: 230k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 6 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: SND 7641S Yr Regn: 24/1/22

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

Truck / Trailer or

Make: Audi A4 c.c. 1984

Colour: Gray A/C: Insured / Std / NI / NA

Sp. Reading 5570 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAAU 222 F46 NN 012872

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R17

R: 17

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

TOYO / YOKO or. Pirelli

Front: _____ Rear: _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 21/5/22 D.O.I. 21/5/22

Survey held at Premium

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

MV-230K

19/09/22 final fig: \$15243.40 and 6 days

(red, 28170.60.65%)

Date/Time, File Pass to?

19/09/22

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.F. (\$ 15243.40)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Washend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL