

ASS. REC. BY: NA-2

REF:

ALLIANZJY 4/5**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: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 8 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: 514 68294 Yr Regn: 11 JAN 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HYUNDAI 140 c.c. 1685Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: N/A T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM1TLB414MH4098171Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modl: Nil / S/Rim / STD / Rim or _____Tyre Size: F: 205/60 R16R: 11

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

TOYO / YOKO or WESTLAKE

Front Rear

R/Bal. 6 mm R/Bal. 10 mmL/Bal. 6 mm L/Bal. 10 mmD.O.A. 4/12/2022 D.O.I. 6/12/2022Survey held at CDGE LOYANGDes. of Damages (Fit) Rear / O/S / N/S / U/C / Rooftop or

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

Allianz 4/5

Date / Time Action / Instruction

request book value

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format : _____

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

Add Fee:

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