

ASS. REC. BY:

REF:

AIG/

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

S110 425S

Yr Regn:

12 / 16

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

Truck / Trailer or

Make:

Kenalt Latitude

c.c

1995

Colour

M. White / Mel

A/C:

Insured / Std / NI / NA

Sp. Reading

619469

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

V111 ABL 15AUC 283448

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/R / m / STD A/R / m or

Tyre Size:

Continental 215/60R16

R/R 80

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

20/2/23

D.O.I.

28/2/2023

Survey held at

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

O/S R

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

: Prel. Report

1)

Date/Time, File Return to?

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

F - RS

Others

Add Fee:

: Site Insp (\$

: Interview (\$

Tech Invs (\$

Weekend (\$

Report Format:

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

TOTAL