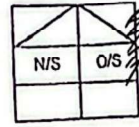


ASS. REC. BY: Smg REF:

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspcd Vehicle No: _____
at Workshop m/s _____
of _____
Insured: AIG
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: 3 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: Shb 8780 Yr Regit: 29/12/2021
Type: M.Gar / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Primo Mover /
Truck / Tractor or
Make: M65 'c.c. 61.1 kmh
Colour: green A/C: Insured / Std / Nil / NA
Sp. Reading: 32051 T/Radio: Insured / Std / Nil / NA
Eng/No: _____ C/No: LSSFE24035 m6057730
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Locked / Burnt or
Brake: In order / Jammed / Locked / Burnt or
Modl: Nil / S/Rlm / STD / Rlm; or
Tyre Size: F: 205/60R16
R: _____
☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 1/2/23 D.O.I. 2/2/23 12pm
Survey held at Smg
Des. of Damages: Frt / Rear / ☒ S / NIS / UIC / Roof/Top or
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>P/P</u>

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

1) _____
Date/Time, File Return to?
2) _____

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

Days Of Repair: _____
Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS: \$ _____
Photos: _____
Others: _____
TOTAL: _____