ASS. REF: | REF:

ASSIGNMENT

From: Date:

Estin: Est:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To in: Vehicle No:

at WO: Km/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client Record)

Make of Veh

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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: GBL455OR Yr Regn: 2021, August.

Type: M.Car / M.Cycle / Bus / Van / Lorry / T.axi / Prime Mover / Truck / Trailer or

Make: Nissan NV200 c.c 1598

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 101079 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JNIYAAM20Z0001979

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/70R14C

R: 175/70R14C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Triangle

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	29/10/26

Survey held at A-Tec

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front N/S

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

Date / Time	Action / Instruction
	TP 1st Cap.
	MV : 62K
	PV : 20.8K
	Nett : 41.2K

COE Expiry :

Estimate given during 1st Survey : Yes ( ) No (✓)

95HZ

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Others

Report Format :

Remarks / Ref. :