

(08/11/13) wef

REF:

CS/TP 14924060270/Unp3

OIE ZHEN WEN

ASS. REC. BY: Marcus

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SKK8391L

at Workshop m/s B hwee

of _____

Insured: G3J 93751

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: 825k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: 274615955

Date / Time _____ Action / Instruction Dep 13h

11/7/24 NML 27A Guy have video of Roder
2/5 & 6900 internet Kerry

(Red. \$10744.33.60%)

Veh No: SKK8391L Yr Regn: 29/12/15

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

Truck / Trailer or (A)

Make: Nissan Washqai c.c 1197

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

Sp. Reading: 153530 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFEAJ11491664

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: 215/60R 17

R: _____

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

TOYO / YOKO or Falken

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 14/06/24 D.O.I. 27/06/24

Survey held at _____

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, File Pass to?

☐ : Preli. Report

Days Of Repair: 5

Resurvey No. of Trip: _____

1)

☐ : Final Report

Date/Time, File Return to?

2)

Add Fee:

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

7 x 15 = 106

170 + 50 + 105

50

50 + 50

105

80

660

Report Format :

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