Ref:

Assr: Surv:

ASSIGNMENT

From: Date:

Estim Cost:

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

To Insp Vehicle No:

at WO Workshop/s

at

Insured:

Policy No

Claims No

Sum Insured: Excess:

(Client Record)

Make of Veh

(Policy Condition)

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

N/S	O/S

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: SJW7939G Yr Regn: 2010 / April

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

Make: Nissan Sylphy c.c 1498

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

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

Eng/No:

C/No: JNIBAAG11Z0111045

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	31/12/24.

Survey held at JL Perfect.

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

Front, Rear o/s, u/c.

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

Date / Time	Action / Instruction
	TP 1st Cap.
	MV : 43K.
	PV : 17.5K
	Nett : 25K.

COE Expiry : 19/04/2030.

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

946A

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Preli. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp ($)

Interview ($)

Tech. Inve ($)

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	