Assg. By: | REF:

ASSIGNMENT

From: Date:

Estim. Cost:

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

To Insured Vehicle No:

at WO Workshop m/s

of

Insured:

Policy No:

Claims No:

Sum Ins Usd: Excess:

(Client's 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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repair: 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: GBB9363J Yr Regn: 2010 / August

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

Make: Nissan NV200 C.D 1461

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

Sp.Reading 239668. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1YBAM20U0002999

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: 185/70R14

R: 185/70R14

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	09/07/24.

Survey held at MS Cas.

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	Action / Instruction
	TP Alh.
	MV : 12K
	PV : 2.8K
	Nett : 9.2K.

COE Expiry : 30/08/2025.

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

410G.

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Inve ($) ☐ : Workshop ($

Survey Fee:

Transportation: B + RS SI

Photos

Others