REF:

CS/LIP24070306/Enh3

## ASSIGNMENT

From: Date:	Veh No: SLB6242B Yr Regn: 15 Apr 2016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: NISSAN X-TRAIL c.c 1997
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 161326 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	c/No: JN1JANT32Z0001685
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 225/60R18
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / TOYO / YOKO OF GEOLANDAR
repair at the time of inspection.	See.
Bal. or Market Value:	Front Rear  R/Bal C mm R/Bal. 6 mm
IDAC Accident Rport: Consistent? : Yes or No	0
GIA / PR Seen: Consistent? : Yes or No	10 IIIII
Est. Repairs: days Res.: Yes or No	11701721
Lum Sum: % 3 Val.: Yes or No	Survey held at AUTOBACS CAR CARE  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	Rear RH
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
MV - \$40k	
	· · · · · · · · · · · · · · · · · · ·
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Einal Panorf	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	ee: : Site Insp (\$)s+Rssi
<u></u>	: Interview (\$) Photos
Report Formai:	:Tech. Invs (\$) Others
Lump Sum / LB: /: (%)	:Weelend (% )
	TOTAL