

ASS. REC. BY: **Steve**

REF:

CS/LIP24070306/Enh3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

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: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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: **SLB6242B** Yr Regn: **15 Apr 2016**

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

Truck / Trailer or \_\_\_\_\_

Make: **NISSAN X-TRAIL** C.C. **1997**Colour **White** A/C: Insured / Std / NI / NASp. Reading **161326** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **JN1JANT32Z0001685**Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: **225/60R18**R: **"**

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

TOYO / YOKO or **GEOLANDAR**

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **17/07/24** D.O.I. **19/07/24**Survey held at **AUTOBACS CAR CARE**

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

**Rear RH**

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

Date / Time	Action / Instruction
	<b>MV - \$40k</b>
	<b>26/11/24 submit preli report (withdrawn the claim.)</b>
	<b>revised \$4636.58 and 7 repair days</b>

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: **7**

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

S + RS. SI

Report Format: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

Photos

☐ : Interview (\$ \_\_\_\_\_)

Others

☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

TOTAL

Lump Sum / LB: (\$ \_\_\_\_\_)