

ASSIGNMENT

From: _____ Date: 08012018

Estimated Cost: _____

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

To Inspect Vehicle No: GBG 5494P
at Workshop m/s Vix
of 60 Kaki Bukit Ave 6

Insured: _____

Policy No. SBA 1168P

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.

Bal. or Market Value: _____

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBG 5494P Yr Regn: 8 17

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

Truck / Trailer or: M /

Make: Nissan NV200 c.c. 1461

Colour: S. hu A/C: Insured / Std / NI / NA

Sp. Reading: 8556 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM 2020 146193

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/70R14

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 2/1/18

Survey held at

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

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

Date / Time Action / Instruction

door LH 1164.70 N RH 873.50 N

9/1/18 confirmed c/s \$4000 with m. chate.

Date/Time. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

☐ : 3 + RS (\$ _____)

☐ : Photos

☐ : Others

Report Format: _____

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

TOTAL