Surname | REF:

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: PA 9421P Yr Regn: 2010 Feb

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

Make: Nissan Urvan Microbus c.c 2953

Colour: White A/C: Insured / Std / NI / NA

Sp.Reading: 137989 T/Radio: Insured / Std / NI / NA

Eng/No: ZD30236051K

C/No: JN1TG4E25Z0786093

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Normal) / Jammed / Leaked / Burnt or

Brake: (Normal) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15

R: —"—

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 25/04/2018 D.O.I. 18/05/2018

Survey held at Lim Tan AMK

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

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

Date / Time	Action / Instruction
	AXA GBF 9018K Vehicle under Voluntary Welfare Organisation Scheme. No COE. Life Span till Feb 2030

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

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ Site Insp ($) S + R$) SI
☐ Interview ($) Photos
☐ Tech. Invs ($) Others
☐ Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)