(08/11/13)   Surveyor: Rasul   REF:                          C 6300K

## ASSIGNMENT

| | | |
|---|---|---|
| From: | Date: | Veh No: **SLJ 5644P**  Yr Regn: **2016 / Dec** |

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.**

Bal. or Market Value: **90K**

IDAC Accident Rport: _____  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: _____

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

Make: **NISSAN QASHQAI1.2** c.c **1197**

Colour **GREY**   A/C: Insured / Std / NI / NA

Sp.Reading **12490**   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **SJNFGAJ11U1775638**

Gen. Cond: Good / **Fair** / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or _____

Brake: **In order** / Jammed / Leaked / Burnt or _____

Modi : Nil / **S/Rim** / STD A/Rim or _____

Tyre Size:  F: **215/60R17**
           R: **" "**

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

| Front | | | Rear | | |
|---|---|---|---|---|---|
| R/Bal. | **6** | mm | R/Bal. | **6** | mm |
| L/Bal. | **6** | mm | L/Bal. | **6** | mm |
| D.O.A. | **06/05/19** | | D.O.I. | **09/05/18** | |

Survey held at **CONNECT 3**

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

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

N/S | O/S

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| Date / Time | Action / Instruction |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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Date/Time, File **Pass** to?  ☐ : Preli. Report

1) _____  ☐ : Final Report

Date/Time, File **Return** to?

2) _____

**Report Format :**

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:  ☐ : Site Insp ($        )
          ☐ : Interview ($        )
          ☐ : Tech. Invs ($        )
          ☐ : Weekend ($        )

| Survey Fee: | |
|---|---|
| Transportation: | |
| _S + RS, _SI | |
| Photos | |
| Others | |
| TOTAL | |