

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

111/
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 5JQ6571Xat Workshop m/s PA 46,

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: 16k.IDAC Accident Rpt: 9 Consistent?: Yes or NoGA / PR Seen: 9 Consistent?: Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 5JQ6571X Yr Regn: 509Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Nissan Sylphy c.c. 1498Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 116035 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN13AA61120107568Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front 6 Rear 6R/Bal. _____ mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/6/18 D.O.I. 3/7/18

Survey held at _____

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

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

Date / Time Action / Instruction LTA 10732 11mb.net 5268

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format: _____

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

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

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

TOTAL