| | d | SSIGNMENT | 16/01/09. | |
|-------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|
| | | Veh No: | SJM 80456. Yr Regn: 2009 / Jan. | |
| From: | Date: | | M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / | |
| Estimated Cost | | Truck / 7 | | |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | | | Nissan Lectio. c.c 1498 | |
| To Inspect Vehicle No: | | Make: | Purple · A/C: Insured / Std / NI / NA | |
| at Workshop m | n/s | Colour | 114997. T/Radio: Insured / Std / NI / NA | |
| of | | Sp.Reading | 114 11 1. Imadio. insulation starting | |
| Insured: | | Eng/No: | JAIBAACIIZOO209777 | |
| Policy No. | | C/No: | 0.116. | |
| Claims No. | | | Gen. Cond: Good Fair / Poor / Burnt | |
| Sum Insured: Excess: | | | Steering: Inoccer / Jammed / Leaked / Burnt or | |
| (Client's Rec | cord) | 1 | | |
| Make of Veh: | | Modi: Nil | | |
| | | Tyre Size: | F: 195/60 R15 R: 195/60 R15 | |
| (Policy Cond | dition) | | R: 195/60215 | |
| Remark: The v | veh had commenced its N/S C | D/S BS / DUN / EX | NOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / | |
| repa | ir at the time of inspection. | TOYO / YOK | o or | |
| Bal, or Market Value: | | Front | Rear | |
| IDAC Accident Rport: Consistent? : Yes or No | | R/Bal. | mm R/Bal. Of mm | |
| GIA / PR Sec | en: Consistent? : Yes or No | L/Bal. | 06 mm L/Bal. 96 mm | |
| Est. Repairs: | days Res.: Yes or No | D.O.A. | D.O.I. 17/07/18. | |
| Lum Sum: | % 3 Val.: Yes or No | Survey held at | Kany. | |
| CA / REV | / REP. / 24 HRS | Des. of Damag | ges: Frt / Rear / O/S / N/S / U/C / Rooftop or | |
| Date: | Vehicle: IN / Person Contacted: | | Chassis frame / Body Structure affected due to collision. | |
| Date / Time | Action / Instruction | | • | |
| | TP AXA. | | | |
| | | | | |
| | 201/ 24/51 | | | |
| | MV, 14.51C | | | |
| | MV: 14.51C PV: 10.3K Nett: 4.2K | | | |
| | man, 1 DC | | | |
| | | | 196781171 | |
| | | | | |
| Date/Time, File Pa | . Frem Report | Days Of Repa | | |
| 1 | | Resurvey No. | | |
| Date/Time, File Return to? | | F [] | Transportation: | |
| 2) Add Fee: | | | | |
| | | : Intervi | | |
| Report Format : | | - Control of the Cont | Invs (\$) Others | |
| Lump Sum / I.B.I: (\$ | | | end (\$ | |
| | | | TOTAL | |