

09/11/13) wef

REF: MID

ASS. REC. BY:

ASSIGNMENT

From:

Date: 02/07/2018

Estimated Cost:

ON ☒ TP / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SJT 5612C

at Workshop m/s

Auto Insure
Gmakiling Lane

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

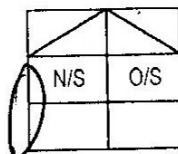
(Client's Record)

Make of Veh:

Jerlyn @ 3157 2626

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

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

up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJT 5612C

Yr Regn: Oct / 2009

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

Truck / Trailer or

Make: Nissan Latio

c.c 1498

Colour Red.

A/C: Insured / Std / NI / NA

Sp.Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

HR15089360B

C/No:

JN1BAAC1120021233

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: 195/65 R15

R: 195/65 R15

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. 22/6/18

D.O.I. 2/7/18

Survey held at

Auto Insure

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

N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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