ASSIGNMENT

From: _____   Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: ___ GBG8029E ___

at Workshop m/s ___ J.A Ave ___

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: __4__ days   Res: Yes or No

Lum Sum: _1.B1_ %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS   LTA 36301

Vehicle: IN / OUT

Date: _____   Person Contacted: _____

Veh No: GBG8029E   Yr Regn: 10, 17

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

Truck / Trailer or _can_

Make: NISSAN NV350   c.c 2488

Colour: black

A/C: Insured / Std / NI / NA

Sp.Reading: 47057

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E26Z0008933

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

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: ___ 195R15 Dun ___

R: _____

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

TOYO / YOKO or   OHTSU

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 14/2/18		D.O.I. 15/2/19	

Survey held at _____

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

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

Date / Time	Action / Instruction
6/3/19	Confirm final G $3388.31

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 _____