

001114
Bureau

Tan Chong

REF: 4PC

77031-110

ASSIGNMENT

From: Date: 7/5/19

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MY

To inspect Vehicle No: G6G 7194S

at Workshop m/s

of 913 3kt timah

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

2pm (waiting)

Lawrence

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report: 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)

Date: Person Contacted:

Vehicle: IN / OUT

Carroll

Veh No: G6G 7194S Yr Regn: 2017, OCT

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

Truck / Trailer or

Make: Nissan NV200 CC 146L

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 37777 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VSKYBAM 2020146759

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 175/70R4

Tyre Size: F: R:

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

TOYO / YOKO or

Front

R/Bal: 6 mm

L/Bal: 6 mm

D.O.A:

Survey held at

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

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:

\$ + R/S \$

Photos

Others

TOTAL