

(08/11/13)

ASS. REC. BY:

REF Asm (AxA)

ASSIGNMENT

From: _____ Date: 22.5.2019

Estimated Cost: _____

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

To Inspect Vehicle No: GBJ 3595D

at Workshop m/s Autolution Industrial

of 19 ubi Road 4

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 10304-m owner waiting

(Policy Condition)

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

Bal. or Market Value: 68

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

rnp" 4761W

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBJ 3595D Yr Regn: 3 119

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

Truck / Trailer or (A)

Make: Nissan NV350 c.c. 2488

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

Sp. Reading: 2858 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E2620031009

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: 195 R15

R: _____

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 15/5/19 D.O.I. 22/5/19

Survey held at _____

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

Rd.

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

Date / Time	Action / Instruction
	have video of folder LTA 26603

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

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

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