

ASS. REC. BY:

REF:

ASSIGNMENT

From:

Date:

19/7/2019

Estimated Cost:

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

To Inspect Vehicle No:

GBH 9262K

at Workshop m/s

Tan chong

of

913 Bukit Jimah

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

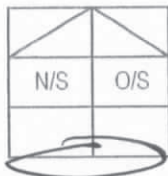
(Client's Record)

Make of Veh:

Before 10:30am

(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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GBH 9262K

Yr Regn: 2018 / NOV

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

Truck / Trailer or

Make:

NISSAN NV350

C.C

2488

Colour

GREY

A/C:

Insured / Std / NI / NA

Sp. Reading

10445

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1MC 262620030682

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Order~~ / Jammed / Leaked / Burnt orBrake: ~~Order~~ / Jammed / Leaked / Burnt or

Modi: Nil / Rim / STD A/Rim or

Tyre Size:

F:

195R15C

R:

2.

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

28/05/19

D.O.I.

19/07/19

Survey held at

TAN CHONG

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?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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