ASS. REC. BY: Kenneth

REF: A/G/

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s KICHIN

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: 04 days Res.: **Yes** or **No**

Lum Sum: 1.B.I % 3 Val.: **Yes** or **No**

**CA / REV / REP. / 24 HRS**

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SJC 2452G Yr Regn: 02 08

Type: **M.Car** / **M.Cycle** / **Bus** / **Van** / **Lorry** / **Taxi** / **Prime Mover** / **Truck / Trailer** or _____

Make: NISSAN Lorio c.c 1497

Colour B. Grey A/C: **Insured / Std / NI / NA**

Sp.Reading 93580 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: JNIBAAC11Z-000965

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: 185/65R15

R: _____

**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO** or _____

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 4 mm |
| L/Bal. | 5 mm | L/Bal. | 4 mm |
| D.O.A. | 21/5/15 | D.O.I. | 2/6/15 |

Survey held at _____

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

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

OPC

| Date / Time | Action / Instruction |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| ___S + RS___SI | |
| Photos | |
| Others | |
| TOTAL | |