

ASS. REC. BY: Kannan

REF:

ASM (AQA)**ASSIGNMENT**

From: _____

Date: 1.10.2019

Estimated Cost: _____

OD TP/WS/TP RES/OD RES/EVA/INV/MVTo Inspect Vehicle No: GBH 3089Jat Workshop m/s Estium Performanceof Blk 5033 Amk Industrial Park 2 #01-259

Insured: _____

Policy No. _____

Claims No. _____

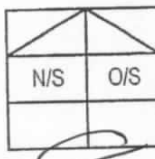
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 8411c

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.5 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS my

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBH 3089JYr Regn: 0418

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

Truck / Trailer or _____

Make: NIS1V200C.C. 1461Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 48558

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: USKYBAM 2080156680Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/70R14

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 2 mmR/Bal. 1 mmL/Bal. 2 mmL/Bal. 1 mmD.O.A. 13/9/19D.O.I. 1/10/19

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?

☐ : Preli. Report☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Rep. Format: _____

Lump Sum / L.B. / C. _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL