

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s Auto Soon

of

Insured:

Policy No:

Claims No:

Sum Insured: Excess: \$1000

(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: \$64k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 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: SKS 9790M

Yr Regn: 18 May/2015

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

Truck / Trailer or Ambulance

Make: Nissan NV350 c.c. 2488

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

Sp. Reading: 211783 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1UC4E26Z0002290*

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: Inorder ☒ Jammed / Leaked / Burnt orBrake: Inorder ☒ Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15

R: 195R15

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A. D.O.I. 12/06/2020

Survey held at w/s 5pm

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

15/06 1. w/s will find purchase invoice to quote MV.

2. w/s agreed change part price to cost plus 10%

3 informed w/s to do lumpsum repair, but w/s insist to do P/P, it need to get approval from CHINA

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:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long. Cdn. / MPB: