ASS. REG. BY

File: CS/AGI20006473/Asf3

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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: 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: GBJ1005D | Yr Regn: 2018 / Dec.

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

Make: Nissan NV350. | c.c 2488

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

Sp.Reading: 5325. | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1MC2E26Z0030776

Gen. Cond: **(Good)** / Fair / Poor / Burnt

Steering: **(In order)** / Jammed / Leaked / Burnt or

Brake: **(In order)** / Jammed / Leaked / Burnt or

Modi: Nil / **(S/Rim)** / STD A/Rim or

Tyre Size: F: 195R15C

R: 195R15C

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	22/06/20

Survey held at: Advance.

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

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

Date / Time	Action / Instruction
	TP Budget Direct
	MV :
	PV :
	Nett :
	ADRIAN CONFIRMED L/S $ 1,000.00/2 DAYS WITH BOSS.
	($ 903.36/RED - 47%)

Date/Time, File Pass to?
1) 15/07/2020 TYPIST

[ ] : Preli. Report
[✓] : Final Report

Date/Time, File Return to?
2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech. Invs ($)
[ ] : Weekend ($)

Survey Fee:
Transportation:
__S + RS__SI
Photos
Others
TOTAL

Report Format :

Lump Sum / E.D.I: L/S $ 1,000.00