

ASS. REC. BY:

REF:

CS3/FC120208879/ESF3

PRS

CS

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:

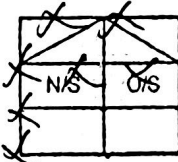
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

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:

GBA99752

Yr Regn:

13/5/08

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

Truck / Trailer or

Make:

Nissan Urvan

c.c.

2953

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

N/A

T/Radio:

Insured / Std / NI / NA

Eng/No:

JN1JMG4E252081011

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195R5C

R:

11

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

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

10/8/20

D.O.I.

24/8/20

Survey held at

Garage 13

Des. of Damages

Frnt

Rear

O/S

N/S

U/C

Rooftop

or

interior

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

Date / Time

Action / Instruction

MK-16K

Total loss -

LTA - \$ 9,750.00

NETT - \$ 6,250.00

SUBMIT TOTAL LOSS AS EXTENSIVE

Date/Time, File Pass to?

26/08/2020

1) TYPIST

Date/Time, File Return to?

2)

Rep Formed: TOTAL LOSS

Lump Sum / LTA: \$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

Site Insp

(\$

Interview

(\$

Tech. Invs

(\$

Week end

(\$

\$ + RS. \$

Photos

Others

TOTAL