

ASS. REQ. BY: Steve

REF: CS/CT120099484/E+T3

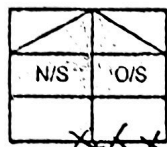
PRS

ASSIGNMENT

28 Feb 2011

From: _____ Date: _____
Estimated Cost: _____
OD IP / YS / 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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBC 431 A Yr Regn: _____
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Nissan NV200 c.c. 1461
Colour: White A/C: Insured / Std / NI / NA
Sp. Rending: 151392 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JN1YBAM20003394
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/Rlm / STD / A/Rlm or
Tyre Size: F: 175/60R14
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 8
Front: _____ Rear: _____
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 2/9/20 D.O.I. 7/9/20
Survey held at W. S Motor
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
	<u>Repair range 2K-3K</u>
	<u>4 days</u>

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

Date/Time, File Return to?
2)

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

Rep. Formed: _____
Lump Sum / U.C. /