ASSIGNMENT

Veh No: SMU9068G. Yr Regn: 2020 Sept.

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

Make: Nissan Sylphy. c.c 1598

Colour: White. A/C: Insured / Std / NI / NA

Sp.Reading: 2424. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MNTBBAB17Z0035583

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

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R16.

R: 195/60R16.

(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.	06/10/20.	

Survey held at: CAS

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

Front N/S, U/C.

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

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)

N/S	O/S

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

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:

Date / Time	Action / Instruction
	TP111
	MV:
	PV:
	Nett:

Date/Time File Pass to: [ ] : Preli. Report [ ] : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] Site Insp. [ ] Interview [ ] Testing