ASS. REC. BY: Steve | REF: CS/ASM2001 9861/F3

ASSIGNMENT

From: PRS 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

SIA / 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: SLO 7037K Yr Regn: 27/6/16

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

Make: Nissan X-Trail c.c 1997

Colour: Red A/C: Insured / Std / NI / N

Sp.Reading: 54214 T/Radio: Insured / Std / NI / N

Eng/No: ______

C/No: JN1JANT322000292

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: 215/65R16

R: "

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

Front			Rear	
R/Bal.	5	mm	R/Bal.	5
L/Bal.	5	mm	L/Bal.	5
D.O.A.	6/10/20		D.O.I.	14/10/20

Survey held at: Garage 13

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

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

Date / Time	Action / Instruction
	MV- 68K Repair Garage 4k-5k
	3 repair days

Date/Time, File Pass to? ______

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee: ______

Transportation: ______

__S + RS.__SI ______

Photos ______

Others ______

TOTAL ______

Rep[redacted]Format : ______

Lump Sum / LE.1: (______)