CS/CTI20010887/Asd3

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)

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:

Veh No: SLM4363R Yr Regn: 2017 / March.

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

Make: Nissan Qashqai c.c 1197

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

Sp.Reading: 169812 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SJNFEAJ11U1763950

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: 215/60R17.

R: 215/60R17.

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm

D.O.A. D.O.I. 12/10/20

Survey held at N51

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
	TP China.
	MV :
	PV :
	Nett :

ADRIAN CONFIRMED L/S $ 2,850.00/5 DAYS WITH BOSS.
($ 2,238.85/RED - 44%)

Date/Time. File Pass to:
30/11/2020
1) TYPIST

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

Days Of Repair: 5

Resurvey No. of Trip: 1

Date/Time. File Return to:
2)

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

Survey Fee:
Transportation:
) ___S + PS___SI
Photos
Other:
Total

Report Format:
Lump Sum LLL L/S $ 2,850.00