

ASS. REQ. BY:

Steve

REF:

CS3/LPK 200/1905/Eyf3

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.

N/S	O/S

Bal. or Market Value:

DAC 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:

SLX 8804B

Yr Regn:

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

Truck / Trailer or

Make:

Mitsubishi Lancer

c.c.

1584

Colour:

Green

A/C:

Insured / Std / NI / NA

Sp. Reading

179064

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMYSTCS A9425538

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:

195/50R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

U/Bal.

mm

U/Bal.

mm

D.O.A.

28/10/20

D.O.I.

2/11/20

Survey held at

Nixpress Performance

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

Rear RH

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

Date / Time

Action / Instruction

No GIA rep

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp

(\$

) S + RS. SI

☐

: Interview

(\$

) Photos

☐

: Tech. Invs

(\$

) Other

☐

: Weekend

(\$

) TOTAL

Top Formed:

Lump Sum / L.B. / C