ASS. REG. BY: Steve | REF: CS3/SMO 29912119/Lsd3

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)

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

N/S	O/S

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: SMJ 7765Z Yr Regn: 20/3/19

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

Make: Nissan Qashqai c.c 1997

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

Sp.Reading: 44702 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: SJNFBAJ11U2420161

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

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/65R15

R: " "

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

Front			Rear		
R/Bal.	4	mm	R/Bal.	4	mm
L/Bal.	4	mm	L/Bal.	4	mm

D.O.A. 4/11/20 D.O.I. 5/11/20

Survey held at: Garage 13

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

N/S REAR.

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

Date / Time	Action / Instruction
	MV - 98K Repair range 2K - 5K 3 repair days

Date/Time, File Pass to? 06/11/2020 TYPIST

[ ] : Preli. Report

[✓] : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: -

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) __S + RS.__SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

TOTAL

Rep[redacted]Format : PRS

Lump Sum / I.B.I: ($)