

(08/11/13) wef

ASS. REC. BY: marcus

REF:

CS / SMO 20011358/44f3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKB 64846

at Workshop m/s

ASAC

of

Insured:

SKV 2680C

Policy No.

Claims No.

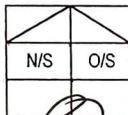
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

#11

IDAC Accident Rpt:

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

160L

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKB 64846

Regn:

17/6/11

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

(A/

Make:

NISSAN

sylvia c.c

1498

Colour

Brown

A/C: Insured / Std / NI / NA

Sp. Reading

264645

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN13AAG1120150317

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:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

18/10/20

D.O.I.

20/10/20

Survey held at

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

Rear

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

Date / Time

Action / Instruction

274 1256P

PRS No Estimate

coe until 16-6-2021 21 pmth

netf inc

SUBMIT LUMP SUM \$5000, 5DAYS

RED: 2700;35%

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$

) S + RS, SI



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

)

Report Format :

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

TOTAL