(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/ SMO 20011358/LYf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKB 6484G

at Workshop m/s AS Auto.

of

Insured: SKV 2686C

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
	2

Bal. or Market Value: #11

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 160L

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKB 6484G Yr Regn: 17/6/11

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

Make: Nissan Sylphy c.c 1498

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

Sp.Reading 264645 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1BAAG11Z0150317

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: 195/65 R15

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
	LYA 1256F
	PRS No Estimate
	Cov until 16-6-2021 ...
	NCD ...
	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:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
__S + RS,__SI	
Photos	
Others	
TOTAL	