Ass. Filed By: Gd PRS

CS3/ AXA 21000594/Gvf3

ASSIGNMENT

From Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Garage 13

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: $47K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 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: GBJ 4009Z Rd Regn: 17 Apr 2019

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

Make: Nissan NV200 1.6 c.c 1597

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

Sp Reading: 22692 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VM20133773

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: 165/80R14

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 6/1/21 D.O.I. 13-01-21

Survey held at W/S 5:20 pm

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
	COE : 19827
	$7000 - $8000

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 14/1/21-Typist

Report Typist : PRS

Lump Sum / Repairs

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp. ($)

☐ : Misc Fees ($)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Other:

TOTAL