ASS. REC. BY: | REF: CC4/ASM2100268I/Dgs[3]

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD 1123C Yr Regn: 2014 June

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

Truck / Trailer or _____

Make: Nissan Cabstar c.c 2953

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

Sp.Reading 158697 T/Radio: Insured / Std / NI / NA

Eng/No: 2D3033975K

C/No: JN1SC2F24Z0855878

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NI / S/Rim / STD A/Rim or _____

Tyre Size: F: 7155R13 double

R: 175/80 R15 ~~Standard~~

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

TOYO / YOKO or Yokohama

Front		Rear	
R/Bal.	5 mm	R/Bal.	5/5 mm
L/Bal.	5 mm	L/Bal.	5/5 mm
D.O.A.	22/02/2021	D.O.I.	02/03/2021

Survey held at Atfield Ando

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

H/S Portion

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

Date / Time	Action / Instruction
	AXA SH 8217Y
	MV 28IC
	LTA 8.9K
	HL 19K
12/03/2021	Inspd I/S 3100/- with 6 days ✓

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	___S + RS.___SI
Photos	
Others	
TOTAL	