

ASS. REC. BY:

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: **SMU 1136X**
 Policy No. _____
 Claims No. **CMTD2100891/RUC**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

/	
N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **G889414X** Yr Regn: **2010 Nov**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Nissan NV200** c.c. **1461**
 Colour: **Silver** A/C: Insured / Std / NI / NA
 Sp. Reading: **154746** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JN1YBAM2000003007**
 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: **185/70R14**
 R: **185/70R14**
 BS / **DUN** / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **23/03/21**
 Survey held at **Rydes**
 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
	TP Sampo
	COE Expiry: 31/07/25.
	MV: 28K. Lumpsum 5600, 6days (red:6997.59;55%)
	PV: 10.6K
	Nett: 17.4K.

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Format: tp
 Lump Sum / L.B.I: (\$) **5600 I/s**
 Days Of Repair: **6**
 Resurvey No. of Trip: **1**
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 S + PS. _____ \$
 Photos _____
 Others _____
 TOTAL _____