

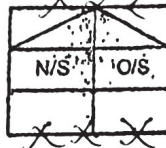
ASS. REC. BY: Steve REF: CS/CT171004498/E+13

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.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GDF 93422 Yr Regn: 17/4/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Nissan Cabstar c.c. 9953
 Colour: White A/C: Insured / Std / NI / N
 Sp. Reading: 238279 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: JN1SC2F2429859543
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / S/Rim / STD A/Rim or
 Tyre Size: F: 195R15C
 R: _____

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

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 6/4/21 D.O.I. 9/4/21
 Survey held at Dan Chuan Motor
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>MV-47K</u>
	<u>finalize \$5100 (L/S, before GST). 6 repair days.</u>
	<u>RED: 3032 43:37%</u>

File/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

File/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip: 1

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

Survey Fee:	
Transportation:	
\$ + RS. \$	
Phone	
Others	
TOTAL	

TP
 5100 L/S