ASS. REC. BY: Tayhih | REF: CC4/1919 2/005908./Tivs 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: $36K.

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

WP/

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: John

Veh No: GBE 5805. Yr Regn: 2015 / Aug

Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime mover /

Truck / Trailer or

Make: Nissan Cabstar : 2953.

Colour: Silver. A/C: Insur Std / NI / NA

Sp.Reading: 29/886 T/Radio: Insur Std / NI / NA

Eng/No:

C/No: JN1SC2F24Z0855 7338

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/R15

R: 155/R13.

(BS) / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / R / SUMI /

TOYO / YOKO or

Front			Rear	
R/Bal.	6	mm	R/Bal	6/6 mm
L/Bal.	6	mm	L/Bal.	6/6 mm
D.O.A.			D.O.I.	19/5/21

Survey held at: AP Auto

Des. of Damages: (Fr) / (Rear) / O/S / N/S / U/C / Roottop or

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

Date / Time	Action / Instruction

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format:

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee

Transport

S - R - S

Photos

Others

Total