

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspection Vehicle No: **SKB 7799S**
 at Workshop m/s **FL**
 of _____
 Insured: **SH 6610H**
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SKB 7799S** Yr Regn: **29/6/16**
 Type: **CA** / M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or **CA**
 Make: **Nissan Qashqai c.c 1197**
 Colour: **White** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **85954** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **SJNFEAJ11U169A587**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **In order** / Jammed / Leaked / Burnt or
 Brake: **In order** / Jammed / Leaked / Burnt or
 Modi: **Nil** / S/Rim / STD A/Rim or
 Tyre Size: **F: 224/45ZR19**
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: **856k.**
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **2** days Res.: Yes or No
 Lum Sum: **20** % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS **4617**
 Date: _____ Person Contacted: **Dep 101.**
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Nexen**
 Front **6** mm Rear **6** mm
 R/Bal. **6** mm L/Bal. **6** mm
 D.O.A. **2/6/21** D.O.I. **3/6/21**
 Survey held at _____
 Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Pri & N/S Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
14/6/21 4/5 @ 3000 confirmed with Alan.
LTA 38249 have G/A reject.

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: _____
 Transportation: _____
) S + RS, SI
) Photos
) Others
 TOTAL _____