ASS. REC. BY: Steve | CC4/AIG 21606762/ra3

ASSIGNMENT

From: Date:

Estimated Cost:

OR / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

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
X	

Rel. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMG2788G Yr Regn: 13/12/18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover / Truck / Trailer or

Make: Nissan Qashqai c.c 1197

Colour Grey A/C: Insured / Std / NI / N

Sp.Reading 22134 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: SJNFEA J11U2382552

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NII / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R17

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	14/6/21	D.O.I.	17/6/21

Survey held at Connect 3

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
	NIV-84K

Date/Time, File, Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve (%)

: Weekend (%)

Survey Fee:

Transportation:

$ + RS. SI

Photos

Others

TOTAL

Report Form :

Insp Sum / I.P.I. :