(08/11/13) wef

ASS. REC. BY: Maria

REF: CC 6/A1G2100924/Ugs3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBK 7953Y

at Workshop m/s Tan Lim

of

Insured: SLA 886M

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: ~~$50k~~

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 5 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS 602W

Vehicle: **IN / OUT**

Date: Person Contacted: Dep SIW

Veh No: GBK 7953Y Yr Regn: 26/11/20

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or (A1 vanette

Make: Nissan NV200 c.c 1597

Colour Grey A/C: **Insured / Std / NI / NA**

Sp.Reading 108573 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: VM20160870

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: 165/80R14

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	18/6/21	D.O.I.	22/6/21

Survey held at

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or Frt.

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

Date / Time	Action / Instruction
	LTA 820870

22/7/21 L/S & S-250 confirmed with MR Tan.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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