

ASS. REC. BY: Marcus

REF:

CS/SMO21008760/44f3

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

GBL2651X

Yr Regn:

12/4/21

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

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

Truck / Trailer or

CA/

To Inspect Vehicle No:

GBL2651X

Make:

Nissan NV200

C.C

1598

at Workshop m/s

Colour

White

A/C:

Insured / Std / NI / NA

of

Sp.Reading

548/

T/Radio:

Insured / Std / NI / NA

Insured:

SJY86897

Eng/No:

C/No:

JN1YAAM2020001386

Policy No.

Gen. Cond: Good / Fair / Poor / Burnt

Claims No.

CMTD2102497/GPL

Steering: In order / Jammed / Leaked / Burnt or

Sum Insured:

Excess:

Brake: In order / Jammed / Leaked / Burnt or

(Client's Record)

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

Make of Veh:

Tyre Size:

F:

165/60 R14

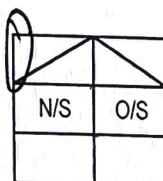
R:

(Policy Condition)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

Remark: The veh had commenced its repair at the time of inspection.

TOYO / YOKO or



Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent?: Yes or No

R/Bal.

9

mm

R/Bal.

9

mm

GIA / PR Seen:

Consistent?: Yes or No

L/Bal.

9

mm

L/Bal.

9

mm

Est. Repairs:

days

Res.:

Yes or No

D.O.A.

14/8/21

D.O.I.

23/8/21

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

L1A822862

N/S for.

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

have video

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

) ___ S + RS ___ SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

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

TOTAL