ASS. REC. BY: Tanjith | REF: CS3/CT121012689 /Tivy3.

ASSIGNMENT

2026 June.

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: YP 6923S

Policy No. DMCVSNW00082512103

Claims No. SNM21D207213/C02/THAMYL

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
	XXXX

Bal. or Market Value: 930K.

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: QBC1498B. Yr Regn: 2014 / June

Type: M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Nissan NV200 c.c 1461

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

Sp.Reading 197262. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1YBAM2U4U003346.

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: 175/70R14

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 10/12/21 D.O.I. 15/12/21 @12pm

Survey held at Alpha Car

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
	Repair Range : $5000 - $6000, Tolerance 6%
22/12/21	Submit PRS,repair range $5,000-$6,000

Date/Time, File Pass to? 1) _____ Date/Time, File Return to? 2) 22/12/21-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___$ + RS___SI

Photos

Others

TOTAL

Rep. Format : _____

Lump Sum / I.B.I: (? _____)