ASS. BY:

REF: CC4|III 21013157|Dga 3

ASSIGNMENT

From: Date:

Estim. Cost:

OD / TP RES / OD RES / EVA / INV / INV

To Inspect Vehicle No:

at W/S m/s

of

Insured

Policy No

Claims No

Sum Insured: Excess:

(Claims Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. of Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: ?|? % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: GBF4603D Yr Regn: Nov / 2016

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

Make: Nissan NV350 CC 1998

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 43896 T/Radio: Insured / Std / NI / NA

Eng/No: YD25406579A

C/No: JN1MC2E26Z0007244

Gen. Cond: Good (circled) / Fair / Poor / Burnt

Steering: In order (circled) / Jammed / Leaked / Burnt or

Brake: In order (circled) / Jammed / Leaked / Burnt or

Modi: Nil (circled) / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15C

R: —"—

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

Front: Dunlop Rear: Falken

R/Bal: 5 mm R/Bal: 5 mm

L/Bal: 5 mm L/Bal: 5 mm

D.O.A. 22/12/2021 D.O.I. 29/12/2021

Survey held at: SG 98 AMK

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

N/S Front

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

Date / Time	Action / Instruction
	III SHD 2297G
14/04/22	Imgr ?/P ~~400.00~~ 400.00 with 2 days [signature]

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

[ ] : Prel. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: