

ASS. BY:

REF: CC4/III.21013157/Dga³

ASSIGNMENT

Front

Date:

Estimate Cost

OD / RES / IP RES / DD RES / EVA / NV / MV

To Insure Vehicle No:

at V/O of the ins

in

Insurance

Policy No

Charges in

Sum Insured

Excess

(Check Record)

Make Model

(Policy Condition)

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

N/S	O/S

Bal. of Market Value:

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Sec

Consistent? : Yes or No

Est. Repair

2

days

Res.: Yes or No

Limit Sum

P/P

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted

Vehicle: IN / OUT

Date / Time

Action / Instruction

III SHD 2297 G

14/04/22

Insur P/P 400.00 with 2 days delay
400.00

Veh No:

GBF 4603D

Yr Regd: Nov / 2016

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

Truck / Trailer or

Make:

Nissan NV350

CC

1998

2,488

Colour

White

ACG

Insured

S/N / RE / NA

Sp. Reading

43896

TR/Actr

Insured

S/N / RE / NA

Eng/No:

YD25406579A

C/Nr:

JH2MC2E2670007244

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: (RE) / S/Nr / STD ARNm or

Tyre Size

R

195 R15C

R

11

BS / DUN / EXNOVA / GY / FS / LIZA / MGC / DHTSU / PIR / SUNN /

TOYO / YDAD or

Front

Dunlop

Rear

Riken

R/Bal

S

mm

R/Bal

S

mm

L/Bal

S

mm

L/Bal

S

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 / L/C / Roof/Top or

w/s Paint

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

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Feet:

Transportation:

Acid Test: ☐ Low