Asst. Mng. Dir.: | Ref: CS/CTI2001713/Any3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: GBG1031T. Yr Regn: 2017 May.

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

Make: Nissan NV350. c.c 2488

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

Sp.Reading 169497 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1MC2E26Z0007941

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: 195 R15 C

R: 195 R15 C.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	22/02/22

Survey held at HD Perfect.

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

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

Date / Time	Action / Instruction
	TP Chiam.
	Lump Sum $1300 and 3 days
	$red,8104.58,86%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to? 1) 6/7/22

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($) ___$ + PS ___SI

☐ : Interview ($

☐ : Tech. Inv ($

☐ : Weld Test ($

Survey Fee:

Transportation:

Photo:

Other:

Report Format:

Lump Sum / LE Inv: 1300