

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CC4/LPC 22003419/Upa3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MVTo Inspect Vehicle No: GBC 9485Kat Workshop m/s RP.

of _____

Insured: YN 4646R

Policy No. _____

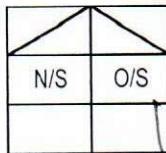
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**Bal. or Market Value: \$18k.

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C 003R
Vehicle: IN / OUTDate: _____ Person Contacted: LTA 96451Veh No: GBC 9485K Yr Regn: 24/03/14Type: M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover /Truck / Trailer or (m)Make: NISSAN NV350 c.c. 2488Colour: S.hen A/C: Insured / Std / NI / NASp. Reading: 321375 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E2670001622Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195-R15

R: _____

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

TOYO / YOKO or

Front 6

R/Bal. _____ mm

L/Bal. 6 mmD.O.A. 06/04/22

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop oro/s Rec

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

Date / Time _____ Action / Instruction Rep 9500have G.ARP only item tail lamp28/4/22 P/P \$ 1022.32 insured ALor

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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