| ASS. REC. BY: TayM - REF: CS 6 (AL             | SIGNMENT   |
|--|--|
|  | Veh No: SCG 380 B Yr Regn: 2019, Jan                               |
| From: Date:                                    | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /   |
| Estimated Cost:                                | Truck / Trailer or   |
| (D) TP / WS / TP RES / OD RES / EVA / INV / MV |  |
| To Inspect Vehicle No:                         | Make: Nissan X-Trail c.c 1997  Colour White A/C: Insured/Std/NI/NA |
| at Workshop m/s                                | "  |
| of   |  |
| Insured:                                       | - Eng/No: JNIJAN 732 700 11981                                     |
| Policy No.                                     |  |
| Claims No.                                     | Gen. Cond: G 6 / Fair / Poor / Burnt                               |
| Sum Insured: Excess: Hog                       | Steering: Inorder / Jammed / Leaked / Burnt or                     |
| (Client's Record)                              | Brake: Inorder / Jammed / Leaked / Burnt or                        |
| Make of Veh:                                   | Modi: Nil / Tkim / STD A/Rim or                                    |
| ,  | Tyre Size: F: 225/55/749   |
| (Policy Condition)                             | R:   |
| Remark: The veh had commenced its N/S O/S      | 1 30,700,172,110   |
| repair at the time of inspection.              | TOYO / YOKO or   |
| Bal. or Market Value: \$108V.                  | Front Rear   |
| IDAC Accident Rport: Consistent? : Yes or No   | R/Bal. R/Bal. 6 mm   |
| GIA / PR Seen: Consistent? : Yes or No         | L/Bal mm L/Bal m   |
| Est. Repairs: days Res.: Yes or No             | D.O.I. 28/4/22.  |
| Lum Sum: % 3 Val.: Yes or No                   | Survey held at   |
| CA   | Des. of Damages: Frt / Rear / O/S / (N/S)/ U/C / Rooftop or        |
| Vehicle: IN / C                                | TUC  |
| Date:Person Contacted:                         | The U/C / Chassis frame / Body Structure affected due to collis    |
| Date / Time Action / Instruction               |  |
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| Date/Time, File Pass to? : Prelli. Report      | Days Of Repair:  |
| : Final Report                                 | Resurvey No. of Trip: Survey Fee:                                  |
| Date/Time, File Return to?                     | Transportation:  |
|  | Fee: : Site Insp (\$ )s+Rssi                                       |
|  | : Interview (\$ ) Photos   |
| Repetit Format :                               | : Tech. Invs (\$ ) Offices   |
| reep Former .                                  | : Weekend (\$ )  |
| Lump Sum (I.B.I: C)                            | 1 1. 440-31-31-01-4  |