

ASS. REC. BY: thuanREF: CS/AGI 22005147/1473**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.Bal. or Market Value: 25k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 48 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: 6Y3973H Yr Regn: 23/3/05Type: M.Car / M.Cycle / Bus / Van / Corr / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Nissan Cabstar c.c. 2953Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 555U68 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3N1SF4F2320853925Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / (S/Rim) / STD A/Rim orTyre Size: F: 195 R15CR: 195 R15CBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmL/Bal. 6 mm D.O.I. 1/5/22 1730D.O.A. 27/5/22 NSI

Survey held at _____

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

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

Date / Time Action / Instruction

MU - 25krebate: 6850NI: 850

31/08/22 @12:05pm confirmed with MR Yeo lump sum: \$2800 and 4 days

(red, 2673.27, 49%)

Date/Time, File Pass to?

1) 31/08/22

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: (\$ 2800)Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL