

ASS REC. BY: TRM

REF: CS3/CT122000104/BV43

Veron

ASSIGNMENT

ex 10/26

From: _____ Date: 5/1/2022

Veh No: GBC 2720C Yr Regn: 13/10/2011

Estimated Cost: _____

Type: M.Car / M.Cycle / Bus / Van / Tray / Taxi / Prime Mover /

Truck / Trailer or _____

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

Make: Nissan Cabstar MT 3.0 c.c. 2953

To Inspect Vehicle No: GBC 2720C

Colour: Silver NC: Insured / Std / NI / NA

at Workshop m/s Assure Auto

Sp. Reading: 226261 T/Radio: Insured / Std / NI / NA

of 14 AMK St63 Blk B

Eng/No: ED30293727K

Insured: _____

C/No: JN15C2F2480850173

Policy No. _____

Gen. Cond: Good / Fair / PO / Burnt

Claims No. _____

Steering: order / Jammed / Leaked / Burnt or _____

Sum Insured: _____ Excess: _____

Brake: order / Jammed / Leaked / Burnt or _____

(Client's Record)

Modi: MB / S/Rim / STD A/Rim or _____

Make of Veh: _____

Tyre Size: F: 165/13 RoadMarch

(Policy Condition)

R: 195/15 Windforce

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

N/S	O/S

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

TOYO / YOKO or _____

Bal. or Market Value: 33,000/2

Front 4 mm R/Bal. 4 mm

IDAC Accident Rpt: _____ Consistent?: Yes or No

L/Bal. 4 mm L/Bal. 4 mm

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

D.O.A. 2/1/2022 D.O.I. 5/1/2022

Est. Repairs: 12 days Res.: Yes or No

Survey held at Assure Auto

Lum Sum: _____ % 3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS UP

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
	<u>Range 11,000/2 - 12,000/2</u>
	<u>Survey photos taken on Wed 5/1/2022 @ 2:24:12 PM</u>
	<u>Resurvey photos taken on Fri 7/1/2022 @ 3:51:58 PM</u>
	<u>After paint photos taken on Fri 21/1/2022 @ 3:35:56 PM</u>
	<u>MV 33,000/2</u>
	<u>PV 19,012/2</u>
	<u>NV 13,998/2</u>

Date/Time, File Pass to? : Preli. Report

Days Of Repair: _____

1) : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

2) _____

Add Fee: : Site Insp (\$ 1)

S + RS: \$ _____

: Interview (\$ _____)

Photos _____

: Tech. Invs (\$ _____)

Others _____

: Weekend (\$ _____)

TOTAL _____

Report Format: _____

Lump Sum / I.B.I. () _____