ASS. REC. BY: [illegible] | REF: CS3/1112200733/Rtf3 | 621u

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJM 3663E

at Workshop m/s ONE-ZONE _____

of 5, YISHUN IND ST #01-20 N.S.H

Insured: III

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: 59K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SJM 3663E Yr Regn: 2017 / FEB

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

Make: NISSAN QASHQAI 1.2DIG c.c 1197

Colour WHITE A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: SJNFEAJ11U1819828

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: 215/60R17

R: --

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	19/02/22	D.O.I.	23/02/22

Survey held at ONE-ZONE

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

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

Date / Time	Action / Instruction
	REPAIR LIMIT- 25K
	ESTIMATE RANGE OF REPAIR/NO. OF DAYS -(4K-5K)/5 days
	SUBMIT PRS REPORT
11/08/2022	Submit LS $2,400.00 ; 4 days (Red. $2,200.00 ; 48%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Photos _____

Others _____