

ASS. REC. BY: T. J. M.

REF:

CS 3/LPC 2200 8045/T93.

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. _____

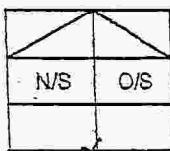
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 10 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WP' PLS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: G1BD6085X Yr Regn: 2015, Jan.

Type: M.Car / M.Cycle / P / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV200 C.C. 1597

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

Sp. Reading: 185007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VM 2005 87-35

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/70R14

R: 21

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

TOYO / YOKO or Road King

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 23/8/22 @ 2pm

Survey held at Cheng Chua.

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

01/12/22 Submit LS \$8300, 10 days. (Red \$5900, 42%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 02/12 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 10

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: TP

Lump Sum / F.B.R.T. 8300