ASSIGNMENT

Ass. Rec. By: _____ **REF:** _____

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.

	N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : **Yes** or No

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

Est. Repairs: 5 days   Res.: **Yes** or No

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

CA / REV / REP. / 24 HRS

Date: _____ **Person Contacted:** _____ Vehicle: IN / OUT

Veh No: SMU2946T **Yr Regn:** 2016 June.

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

Make: Nissan X-Trail **c.c** 1997

Colour: Black. **A/C:** Insured / Std / NI / NA

Sp.Reading: 111478. **T/Radio:** Insured / Std / NI / NA

Eng/No:

C/No: JN1JANT32Z0000 1992

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: 235/60R18
             R: 235/60R18.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / (YOKO) or _____

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	15/08/22

Survey held at Detail Lab

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

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

Date / Time	Action / Instruction
	TP Claim.
	LS $6450, 5 days. (Red $11948, 65%)
	MV :
	PV :
	Nett :
	251 I

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

1) 10/02 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp ($) _____ 2HRS __ SI
         ☐ : Interview ($) Photos _____
         ☐ : Tech. Invs ($) Others _____

Report Format : MER-TP