

ASS. FILE BY:

REF:

CS/FCI22009099/Any3

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 8 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: GBE 1157A Yr Regn: 2015 / Sept.

Type: M.Caf / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV200 C.C. 1461Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 24973 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM2020110176Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175 / 70 R14R: 175 / 70 R14

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

TOYO / YOKO or Greenlander

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 23/09/22Survey held at KT MotorworksDes. 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

TP 1st Cap

Adrian confirmed lump sum: \$7600 and 8 days

MV: (red, 14357.52, 65%)

PV: mv: \$28k

Nett: Ita: \$10997

nv: 17003

Date/Time, File Pass to?



Preli. Report

1) 22/11/22



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)

Report Format:

7600