

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☒ N/S ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐

To Inspect Vehicle No: _____

at Workshop m/s SUCCESS UNITED

of _____

Insured: _____

Policy No. _____

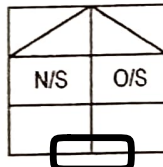
Claims No. _____

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: \$55k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBJ2393B Yr Regn: 21 Feb/2019Type: M.Car / M.Cycle / Bus ☒ Van ☐ Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: NISSAN NV350 c.c. 2488Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 113229 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E26Z0030911 *Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt orBrake: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt orModi: ☒ Nil ☐ S/Rim ☐ STD A/Rim orTyre Size: F: 195R15R: //

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

TOYO / ☒ YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 06-10-2022Survey held at _____ W/S 3PMDes. 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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : W/Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: