

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMH 4313A
 at Workshop m/s Specialist
 of SMRS493D
 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: 92k.
 IDAC Accident Rpt: Consistent?: Yes or No
 GIA / PR Seen: Consistent?: Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 1.5% 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: L7A839585
 Vehicle: IN / OUT

N/S	O/S

Veh No: SMH 4313A Yr Regn: 23/01/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA/
 Make: Nissan X-trail c.c 1997
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 45138 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JN1JANT3270011980
 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 235/50R19
 Tyre Size: F: _____ R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 1/11/22 D.O.I. 2/11/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

14/11/22 No 2019 model from SG Car mats
 No second hand parts wksp want P/P
 P/P \$13196.36 inland here

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) Date/Time, File Return to?
 2) Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____
 Report Format : _____
 Lump Sum / I.B.I. (\$) _____
 TOTAL _____