

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: G3D784B
 at Workshop m/s Sam yick lian
 of YF 78304
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$14k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS C608W
 Vehicle: IN / OUT
 Date: _____ Person Contacted: 21466916

Veh No: G3D784B Yr Regn: 13/06/14
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or GA
 Make: NISSAN NV200 C.C. 1597
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 223930 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VM20055461
 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: 175-170 R14
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or hebi/lead
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 22/02/23 D.O.I. 28/2/23
 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.

Date / Time Action / Instruction Dep 17k.
6/3/23 1/5 & 5700 reverse sensor never quote in hand DRSNG @ 6 days (Red \$4,731.48 / 45%)

Date/Time, File Pass to? 16/03/2023
 1) Typot
 Date/Time, File Return to?
 2) _____
 Report Format: TP
 Lump Sum / I.B.I.: (\$ 45 \$5700)
 Days Of Repair: 06
 Resurvey No. of Trip: _____
 Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$)
 Survey Fee: 170
 Transportation: 50
 S + RS, SI 50+50
 Photos 113
 Others _____
 TOTAL 433