

ASSIGNMENT

From:
Estimated Cost:

Date:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

GBK33642
Sanyich Lion

at Workshop m/s

of

Insured:

SBS6485X

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:

\$58k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C 572W

Vehicle: IN / OUT

Date:

Person Contacted:

27A 018015

Veh No:

GBK33642

Yr Regn:

14/06/20

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

Truck / Trailer or

A / DX

Make:

Nissan NV200 c.c 1597

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

69802

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Vm 20138059

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:

175/70R14

R:

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

TOYO / YOKO or

roadstone

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

22/03/23

D.O.I.

29/3/23

Survey held at

Des. of Damages: Fnt / 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

By 8500

4/4/23 1/5 @ 3900 : insured MR SNV @ 5 days
(Red \$3,175.39/45%)

Date/Time, File Pass to?

04/04/2023

1) Typist

Date/Time, File Return to?

2)

☐

: Preli. Report

☒

: Final Report

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) \$ + RS. \$ SI

) Photos

) Others

TOTAL

150

50

50150

75

375

Report Format : TP

Lump Sum / I.B.I. (\$ 1/5 @ 3900