

REP: CS/FCI23005272/Avp3

ASSIGNMENT

From: _____ Date: _____
Estimate Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Insured Vehicle No: _____
at Workshop m/s _____
of _____
Insured: **PC 7283Z**
Policy No. _____
Claim No. **D23001791MFBP**
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: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

N/S	O/S

Veh No: **GBK1129A** Yr Regn: **2019 / Dec**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: **Nissan NV200** C.C. **1461**
Colour: **White** A/C: Insured / Std / NI / NA
Sp. Reading: **93043** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **VSKYBAM2020180009**
Gen. Cond: **Good** / Fair / Poor / Burnt
Steering: **Good** / Jammed / Leaked / Burnt or _____
Brake: **Good** / Jammed / Leaked / Burnt or _____
Mod: **Nil** / S/Rim / STD A/Rim or _____
Tyre Size: F: **185/70R14**
R: **185/70R14**

BS / **DUN** / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front Rear
R/Bal. **06** mm R/Bal. **06** mm
L/Bal. **06** mm L/Bal. **06** mm
D.O.A. **20/5/2023** D.O.I. **23/05/23**

Survey held at

Des. of Damages: **FR** / **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.
4/8/23	Adrian confirmed LS \$19,000 (Red 37,491.52, 66%)
	COE Expiry :
	Estimate given during : Yes C ✓
	1st Survey : No C)
	MV :
	PV :
	Nett :
	076N

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: **16**

1) _____
Date/Time, File Return to?

Resurvey No. of Trip: _____

2) **7/8/23-typist**

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos

Others

Report Forwarded: **TP**

Reported Amount / L.P.F. / C/L **LS \$19,000**