

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/SMD23006068/Unp3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD (TP) WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: GR6 86225at Workshop m/s 10's 30

of _____

Insured: S2M 7222M

Policy No. _____

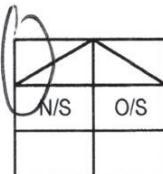
Claims No. _____

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: 40k.IDAC Accident Rpt: _____ Consistent? : **Yes** or **No**GIA / PR Seen: _____ Consistent? : **Yes** or **No**Est. Repairs: 3 days Res.: **Yes** or **No**Lum Sum: 22 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

196NVehicle: **IN / OUT**Date: _____ Person Contacted: 1710 19100

Veh No:

GR6 86225

Yr Regn:

25/11/17Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**Truck / Trailer or AI

Make:

Nissan NV350

C.C

2488

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

177146

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No:

JN1MC2E2670008800Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **In order / Jammed / Leaked / Burnt** orBrake: **In order / Jammed / Leaked / Burnt** orModi: **Nil / S/Rim / STD A/Rim** or

Tyre Size:

F:

195-R15

R:

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

Front

Rear

R/Bal.

3 mm

R/Bal.

5 mm

L/Bal.

3 mm

L/Bal.

5 mm

D.O.A.

08/06/23

D.O.I.

16/06/23

Survey held at _____

Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** orMS Rep.The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time

Action / Instruction

28/6/23 4/5 2300 inform Susan (red, \$4009.50, 63%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)