ASS. REC. BY: Kenneth

REF: LPC / CS3 | LPC 24110222 | Knh3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Koi

of 04-12 94KB

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.

N/S	O/S

Bal. or Market Value: $57K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMS 5453P Yr Regn: 11, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Lexus IS 200t c.c 1998

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 182902 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHBA1D 200503363

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 235/35R19

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	8/11/24	D.O.I.	12/11/2024

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or 1m O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	PRS
	Est repair cost $5-6K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: ___S + RS___SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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