

ASS. REC. BY:

REF:

LPC /

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

121 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBU 3385

Yr Regn: 05, 17

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

Truck / Trailer or

Make:

M. A180

C.G. 1595

Colour

n. Black

A/C: Insured / Std / Nil / NA

Sp. Reading

91023

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

W001760422 J582649

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/45R17

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

7/8/24

D.O.I.

11/6/2024

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

O/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

11/6 Wkly serv I.B.I., no 2nd party available

MV: \$57,000.00(EST)

LTA: \$26,621.00(EST)

NV: \$30,379.00(EST)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation:

S - RS. SI

Fees

Others

Report Format :

ump Sum / I.B.I: (\$

TOTAL