

ASS. REC. BY:

REF: LPC /Kenneth**ASSIGNMENT**

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

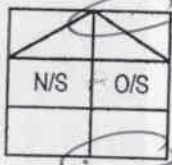
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

12

days

Res.: Yes or No

Lum Sum: _____

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/Hc 5346JYr Regn: 09, 14Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: RenaultLotizide

c.c

1995Colour: M. White / Bl

A/C: _____

Insured / Std / NI / NA

Sp. Reading: 221813

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABCL15AUC2F9355Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: Ling Long 215/60R16R: PirelliBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

9

mm

L/Bal. _____

9

mm

L/Bal. _____

9

mm

D.O.A. 22/7/16D.O.I. 26/7/16

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear O/S & Frt O/S

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

Date / Time

Action / Instruction

27/7File pass to Customer

Date/Time, File Pass to?



Prel. Report



Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL

1)

Date/Time, File Return to?

2)

Add Fee: ☐

Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Report Format: _____

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