

REF: LCR

ASSIGNMENT

From: _____ Date: 05/02/2018

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / NV / MV

To Inspect Vehicle No: SLA 8229B

at Workshop m/s Performance

of 303 Alexandra Rd.

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Han

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:		
IDAC Accident Rpt:	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:	Vehicle: IN / OUT

VEH No: CLG8229B Yr Regn: 2016 Oct.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 4201 Gran Coupe C.C. 1998
 Colour: Red A/C Insured / Std / NI / NA
 Sp. Reading: 20228 T/Radio: Insured / Std / NI / NA
 Eng/No: WBA4D320709753470
 C/No: WBA4D320709753470
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55KR
 R: 205/55KR
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: 6 mm Rear: 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 6 D.O.I. 5/2/18 @ 105
 Survey held at PHIL
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date/Time: File Pass to? ☐ : Preli. Report
 1) ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time: File Return to?

Report Format :

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