

REF: Lpc

ASSIGNMENT

File No:

Date:

11/05/2018

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No:

SDJ 3000 E

at Workshop m/s

Trans Eurocars

of

12 Sungai Kallut Ave

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:

days

Res.: Yes or No

Lump Sum

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDJ 3000 E

Vt Regn:

27/10/2016

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

Truck / Trailer or

Make:

Porsche macan POK

C.C. 1984

Colour:

Bronze

A/C

Insured / Std / NI / NA

Sp Reading:

21525

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WP1277 957HL304312

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi:

☒ N / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F: 235 / 40R18

R: 255 / 50R18

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal:

7

mm

R/Bal:

7

mm

L/Bal:

7

mm

L/Bal:

7

mm

D.O.A:

7/5/18

D.O.I:

11/5/18

Survey held at

Trans Eurocars

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to:



Prel. Report

1)



Final Report

Date/Time, File Return to:

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1. ... + ... \$

2. Photos

3. Others

TOTAL

Add Fee:



Site Insp. \$



Interview \$



Tech. Insp. \$



Work end \$

Report Format:

Lump Sum / L.B.I. \$