

Surveyor *Taufik*

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.

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

*John*

Veh No:

*SM E 4866L*

Yr Regn:

*2018, Oct.*

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

Truck / Trailer or

Make:

*Honda Civic 1.6 VTI*

c.c

*1597*

Colour:

*Grey*

A/C:

Insured / Std / NI / NA

Sp. Reading

*1269*

T/Radio: Insured / Std / NI / NA

Eng/No:

C/N:

*MR 4FC5650JT00643*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SR / STD A/Rim or

Tyre Size:

F:

*215 / 55 R16*

R:

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

TOYO / YOKO or

*Handbook*

Front

Rear

R/Bal.

*6*

mm

R/Bal.

*6*

mm

L/Bal.

*6*

mm

L/Bal.

*6*

mm

D.O.A.

D.O.I.

*19/11/18*

Survey held at

*Wah Motor*

*Alexander*

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) \$ + RS. \$

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL