

REF: LPC

ASSIGNMENT

From:

Date: 18/2/2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

YM 4517K

at Workshop m/s

K. Kim Hin

of

160 Sin Ming Drive #02-20

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

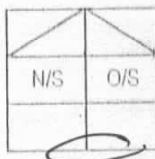
(Client's Record)

Make of Veh:

After 10am

(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 ^{1up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

YM 4517K

Yr Regn

09 06

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

Truck / Trailer or

Make:

Mit Canter

C.C.

7545

Colour:

Red

A/C

Insured / Std / NI / NA

Sp. Reading

265493

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FM 65FM B 10123

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

Double Coin 1000 X 20 X 16

R:

Rear (10)

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

6

6

mm

L/Bal.

9

mm

L/Bal.

6

6

mm

D.O.A.

17/12/18

D.O.I.

18/2/19

Survey held at

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

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Report Format:

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

) S + RS \$

) Photos

) Others

) -

TOTAL