

Signature

Tanph

REF:

LPC

ASSIGNMENT

From

Date

Estimated Cost

QD / 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:

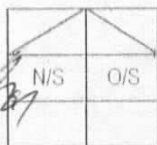
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$48K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No

SFT 6119 B

Yr Regn

2011

Feb

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

Truck / Trailer or

Make:

BMW 523I

C.C.

2497

Colour

Grey

A/C Insured / Std / NI / NA

Sp. Reading

147966

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WR AFP32042 547 594

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

12/2/11 @ 1020am

Survey held at

Bar Chorn Motor Pliers

Des. of Damages: Frt / Rear / O/S (N/S) / U/C / Rooftop or

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

Rebate: \$37432

Date/Time File Pass to?

☐

Prefi. Report

1)

☐

Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS \$

Photos

Other:

Total

Report Format:

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

Add Fee:

☐

Site Insp. (\$)

☐

Interview (\$)

☐

Tech. Insp. (\$)

☐

Weekend (\$)