

ASS. REC. BY:

REF:

APA/

ASSIGNMENT

From:

Date: 22-10-2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GT 919L

at Workshop m/s Think One Autocare

of MO 18 Defu An 2

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Acura 10-000-M

(Policy Condition)

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

Bal. or Market Value:

50k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lump Sum:

50

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GT919L

Yr Regn:

10, 16

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

Truck / Trailer of (M)

Make:

Toyota Proace

DX

C.C

2982

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

81238

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KDH2010196499

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:

F:

195/60 R15

R:

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

11/10/19

D.O.I.

22/10/19

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

LTA29627

22/10/19 Confirmed N/S \$2150 with Michael

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B.I. /

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL