

ASS. REC. BY: Sun PinREF: AG

ASSIGNMENT

From: _____ Date: 10/12/19

Estimated Cost: _____

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

To Inspect Vehicle No: SLE 2661K
at Workshop m/s Lion City Rental
of Go Jalen Lam Huet #04-35/36

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.

N/S	O/S
☒	

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 14p

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLE 2661K Yr Regn: 14/07/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Shuttle 1.5G A c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 227819 T/Radio: Insured / Std / NI / NAEng/No: -C/No: Gk81005670

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185 / 60 R15R: 185 / 60 R15

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 06/12/2019D.O.I. 10/12/2019

Survey held at

LCR.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

MV: 57,000

PV: 42,668

NV: 14,332

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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

☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)