ASS. REC. BY: REF: LPC / 20003361 / kk

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s   Lim motor

of   0570·

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 Rport: _____ 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: _____

N/S	O/S

Veh No: **SJR 6166 C**   Yr Regn: **06, 18**

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
     Truck / Trailer or A

Make: **Lexus IS 300**   c.c **1998**

Colour **M. Black**   A/C: Insured / Std / NI / NA

Sp.Reading **53798**   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTHBA1D 2905079113**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or _____

Brake: **Inorder** / Jammed / Leaked / Burnt or _____

Modl: Nil / **S/Rim** / STD A/Rim or _____

Tyre Size: F: **Yoko 235/40R18**

     R: **mic**

BS / DUN / EXNOVA / GY / FS / LIZA / **MIC** / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front		Rear	
R/Bal.	**4** mm	R/Bal.	**7** mm
L/Bal.	**4** mm	L/Bal.	**7** mm
D.O.A. **15/4/20**		D.O.I. **27/4/2020**	

Survey held at _____

Des. of Damages : Frt / Rear / **O/S** / N/S / U/C / Rooftop or
No damages found at time of inspection.

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech Invs ($ _____)
☐ : Weekend ($ _____)

Survey Fee:

Transportation:

S + RS.___SI

Funds

Others

TOTAL