AS.S. REC. BY: Taufik REF: CS3/LPC 20007697/TIsf3.

LPC **ASSIGNMENT**

From: ________ Date: ________

Estimated Cost: ________

OD / 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)

N/S	O/S

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 PRS

Vehicle: IN / OUT

Date: ________ Person Contacted: ________

Veh No: FSQ 8395 U Yr Regn: /

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

Make: Honda PGM-FI c.c ________

Colour Red / Grey A/C: Insured / Std / NI / NA

Sp.Reading 4737 T/Radio: Insured / Std / NI / NA

Eng/No: ________

C/No: ________

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: 110/70R17

R: 140/70R17.

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

	Front			Rear	
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.		mm	L/Bal.		mm
D.O.A.			D.O.I.	27/7/20 @ 240	

Survey held at MI Motoring

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
	No GIA

Date/Time, File Pass to?
03/08/2020
1) TYPIST

☐ : Prell. Report

☑ : Final Report

Date/Time, File Return to?

2) ________

Days Of Repair: ________

Resurvey No. of Trip: 0

Survey Fee: ________

Transportation: ________

__S + RS.__SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($ ________)

☐ : Interview ($ ________)

☐ : Tech. Invs ($ ________)

☐ : Weekend ($ ________)

Rep[redacted]Format : PRS

Lump Sum / I.B.I: ($ ________)