

CC4/LPC0012665/16a3

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:

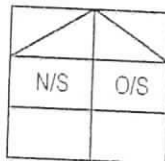
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SLN 7061P

Regn: 2018, Feb.

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

Truck / Trailer or

Make:

Opel Astra

C.C. 999

Colour:

Gold Bronze

A/C: Insured / Std / NI / NA

Sp. Reading

53237

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WOLBE6EA4HG079480

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: 225/45R17

R: 225/45R17

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

19/11/20

Survey held at

Xin Hua

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

TPLonPac

MV:

PV:

Nett:

Date/Time, File Pass to:



: Preli. Report

1)



: Final Report

Date/Time, File Return to:

2)

Days Of Repair:

Resurvey No. of Trip:

Arid Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Meet up (\$)

Survey Fee:

Transportation:

3 + PS. 31

Photos:

Other:

Total:

Report Format:

Print / Scan / Upload: