

ASS. REC. BY: Forme

REF:

CS/LPC 20008987/R11P3

723A

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMT 880IT

at Workshop m/s TH 2K SPRAY

of 1010, BUKIT MELAKA 403 H01-117

Insured: LPC

Policy No. _____

Claims No. _____

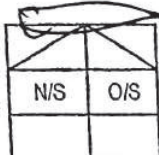
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 228K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMT 880IT Yr Regn: 2020 / APR

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

Truck / Trailer or

Make: MERCEDES BENZ E180 S. RVH c.c. 1497

Colour BLUE A/C: Insured / Std / NI / NA

Sp. Reading 10064 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W1K2130762A764691

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: 225/55R17

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 24/08/2020 D.O.I. 26/08/2020

Survey held at TH 2K SPRAY

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

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

Date / Time	Action / Instruction
	ESTIMATE RANGE OF REPAIR / no. of days - (4K-5K) / 4 days
	Repair (ind) 153K
	SUBMIT P/P \$7937.47, 5DAYS
	RED 593.25;6%

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Rep. Format: _____

Lump Sum / L.B.R. (\$ _____)

Unit Price Amount