ASS. REC. BY: [illegible] REF: CS/LPC20008987/Ritf3 | 723A

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMT 8801T

at Workshop m/s TH 2K SPRAY

of 1010, BUKIT MERAH LN 3 #01-17

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.

N/S	O/S

Bal. or Market Value: 228K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMT8801T Yr Regn: 2020 / APR

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

Truck / Trailer or _____

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

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

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

Eng/No: _____

C/No: WIK2130762A764691

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: 225/55R17

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 / 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
	ESTIMATE RANGE OF REPAIR / no. of days - (4K-5K) / 4 days
	Repair incl 153K
	reopen and remove item 11, 12
	SUBMIT P/P $7937.47, 5DAYS RED 593.25;6%
	#7794.94, part by part. Clear 7/10/2020

Date/Time, File Pass to?

1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / E.B.I: ($ _____)

Days Of Repair: 5

Resurvey No. of Trip: _____

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

	Amount
Survey Fee:	
Transportation:	
___S + RS. ___SI	
Photos	
Others	
TOTAL	

Unit Price