REC. Rec. BY: GQ | REF: CS3/LPC20009444/Gtd3-2

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s MJE MOTOR

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 1 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YN 8114H Yr Regn: 13 May/2015

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

Make: ISUZU NPR85UH5A 3.0 c.c 2999

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

Sp.Reading 323775 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JAANPR85HF7100196 *

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: 195/85R16 WESTLAKE

R: 205/85R16 HANKOOK

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.		D.O.I.	20-01-2021

Survey held at W/S 10am

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
	SUBMIT LUMP SUM $350, 1DAY (RED: 3250;90%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL

Report Format:

Lump Sum / LPO: