

ASS. REC. BY: 2850REF: CL4/LPC 21001353/Rpa3B
754A

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBG 299SRat Workshop m/s WAT HONGof 38, THAI WAT RD EXT. #01-57Insured: LONGAC

Policy No. _____

Claims No. _____

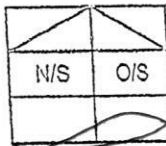
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

after 12 pm

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 38K

IDAC Accident Report: _____ 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: GBG 299SR Yr Regn: 2015/01

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

Truck / Trailer or

Make: NISSAN NV200 1.5 LMT c.c. 1461Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 158939 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: USKYBAM 2020110555

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: 185/65R14R: 1

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

TOYO / YOKO or FALKEN

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/01/2021 D.O.I. 01/02/2021Survey held at WAT HONGDes. 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

Repair 1 unit = 20K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report1) _____
Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.S.A. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL