

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CC4/LPC21003053/Upa3

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

5

days

Res.: Yes or No

Lum Sum: _____

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

14267

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: _____

Yr Regn: _____

8/8/12

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

Truck / Trailer or _____

Make: _____

Scania P380

c.c

11705

Colour _____

yellow

A/C:

Insured / Std / NI / NA

Sp. Reading _____

222587

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

XLEP8X40005287159

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:

R:

315/80R225

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

8

mm

R/Bal. _____

6/6

6/6

mm

L/Bal. _____

6

mm

L/Bal. _____

6/6

6/6

mm

D.O.A. _____

8/3/24

D.O.I. _____

8/3/24

Survey held at _____

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

Rear

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

Date / Time

Action / Instruction

LTA # 8263

coe until 7-8-2022 crane ss for around 8200k.
have G.A

29/3/24 H/s \$ 7700 confirmed with Alan.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS, SI

) Photos

) Others

TOTAL

Report Format : _____

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