ASS. REC. BY: NAZ REF: LPC Denise PIP

CS3/LPC21009694/Ntf3-1

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
LMS	RTS
X	X X

Bal. or Market Value: 200K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: SJY5154G Yr Regn: 29 Apr 2021

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

Make: TOYOTA ALPHARD (cc) 2,493

Colour BLACK A/C: (Insured) / Std / Nil /

Sp.Reading 13,600 T/Radio: (Insured) / Std / Nil

Eng/No:

C/No: AGH30026386

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: 255/40 R19

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or CST

Front		Rear	
R/Bal.	6 mm	R/Bal.	6
L/Bal.	6 mm	L/Bal.	6
D.O.A.	15/9/2021	D.O.I.	16/9/2021

Survey held at EVERDAWN AUTO

Des. of Damages: Frt (FRONT) / (Rear) / O/S (OFF SIDE) / N/S (NEAR SIDE) / U/C (UNDERCARRIAGE) / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collisi

Date / Time	Action / Instruction
	LPC PIP
	COE Rebate : $79,366.00
	Repair Limit : $198K
	SUBMIT lump sum $4700, 3days
	(red: 2600;35%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	