

(08/11/13) wef

ASS. REC. BY: John

REF:

CS3/LPC 22003666/Rty3

052K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

GBH 4132K

at Workshop m/s

HIAO LOK

of

1603 WING ST #105-17 @ Ambury

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.

Bal. or Market Value:

65K

IDAC Accident Rpt:

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:

GBH 4132K

Yr Regn:

2018 / MAY

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

Truck / Trailer or

Make:

TOYOTA HILUX VAN TRUCK 502 C.C. 2982

Colour:

GREY

A/C: Insured / Std / NI / NA

Sp. Reading

109457

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTAH TO 2PC 00 242416

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:

195R15C

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.

18/04/22

D.O.I.

26/04/22

Survey held at

HIAO LOK

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

Rear N/S

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

Date / Time

Action / Instruction

REPAIR LIMIT - 46K

ESTIMATE RANGE OF REPAIR (no. of days - 3K-4K) / 5 days

SUBMIT PRS REPORT

17/08/2022 Submit LS \$3,400.00 ; 5 days (Red. \$1,300.00 ; 27%)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

) : S + RS, SI

☐

: Interview (\$

) : Photos

☐

: Tech. Invs (\$

) : Others

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$