

(08/11/13) web

ASS. REC. BY: RomeREF: CSB/LPC22008888/Rcy3385K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 993 26135at Workshop m/s MINH HUA AUTO SRLof 160, SIN MINH DR #02-16Insured: LPC2

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: 75K

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBJ 26135Yr Regn: 2019 PCB

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

Truck / Trailer or

Make: TOYOTA DYNA 150 SMT C.C. 2982Colour: GREY A/C: Insured / Std / NI / NASp. Reading: 144452 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STFAT35410K212414

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

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

TOYO / XOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 5/5 mmL/Bal. 7 mmL/Bal. 5/5 mm

D.O.A. _____

D.O.I. 09/09/22Survey held at MINH HUA AUTO

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

N/S FRNT & REAR O/S

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

Date / Time Action / Instruction

REPAIR LIMIT - 57K
NO GIAESTIMATE RANGE OF REPAIR / NO OF DAYS - (9K - 10K) / 9 days

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐

: Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Report Format : _____

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