

08/11/22 Wef

ASS. REC. BY: 1/2/22

REF: CS/LIP22011410/Rwy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD: TP / NS / TPRES / OD RES / EVA / INV / MV

To inspect Vehicle No: SNH 10630

at Workshop no/s 18, CAR AUTO SVL

of 1, BUNKIT HARK CRES WLECA #09-19

Insured: LIP

Policy No. _____

Claims No. _____

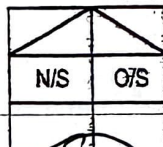
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

REPAIR LIMIT-

Veh No: SNH 10630 Yr Regn: 1

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

Truck / Trailer or _____

Make: VOLKSWAGEN C.C. _____

Colour: WHITE A/C: Insured / Std / Nil / NA

Sp. Reading: 134878 T/Radio: Insured / Std / Nil / NA

Eng No: _____

C/No: INVW2221K2CW689497

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Medi: Nil / S/Ram / STD A/Rim or

Tyre Size: F: 225/40R18

R: 225/40R18

BS / DUN / EXNOVA / GY / FS / LZA / 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. 03/11/22 D.O.I. 25/11/22

Survey held at 18, CAR AUTO

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

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

Date/Time, File Pass to?



: Prefi. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format :

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