

ASS. REC. BY:

REF:

LPC/2300017411cp

Kenneth

ASSIGNMENT

From:

Estimated Cost:

Date:

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:

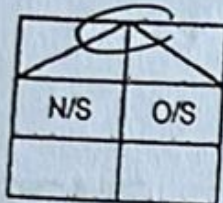
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

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:

PNC 2186K

Yr Regn:

10, 21

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

Truck / Trailer or

Make:

Toy Noah

c.c

1797

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

71343

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

EWR80

0451044

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

Front

R/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

27/12/22

Rear

R/Bal.

9

mm

L/Bal.

9

mm

D.O.I.

6/1/2023

Survey held at

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

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

Date / Time

Action / Instruction

EM not ready

12/11 81500.23 Calm

Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

rt Format :

Sum / I.B.I: (\$

Weekend (\$