ASS. REC. BY: REF: CS/LPC23000487/Avy3

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: XE 3178R

Policy No.

Claims No. 22/23/23/VC06/026840

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:

IDAC Accident Rport: 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: SMS8459D Yr Regn: 2020 / March.

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

Make: Honda Shuttle c.c 1496

Colour Red. A/C: Insured / Std / NI / NA

Sp.Reading 30408. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK82103487

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: 205/50R16.

R: 205/50R16.

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm

D.O.A. 13/1/2023 D.O.I. 16/01/23.

Survey held at JEC

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

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

Date / Time	Action / Instruction
	TP LonPac
1/3/23	Adrian confirmed LS $7500 (Red 9079.20, 54%)
	MV :
	PV :
	Nett :
	9090

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) 2/3/23-typist

Report Format: TP

LS $7500

Days Of Repair: 9

Resurvey No. of Trip: 2

Add Fee: : Site Insp ($) : Interview ($) : ($)

Survey Fee:

Transportation: __S + RS__SI

Photos

Others