(08/11/13) wef

ASS. REC. BY: [illegible]

REF: CS3/LPC23001242/Rvg3

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SNG 1169M

at Workshop m/s SK GARAGE

of 5, SOON LEE ST #01-34

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.

| 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: SNG 1169M Yr Regn: /

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

Make: TOYOTA VOXY c.c

Colour BLACK A/C: Insured / Std / NI / NA

Sp.Reading 258308 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZRR70014 7403

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: 215/45R17

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. | 06/02/23 | D.O.I. | 07/02/23 |

Survey held at SK GARAGE

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

REPAIR LIMIT -

ESTIMATE RANGE OF REPAIR / NO. OF DAYS -

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($ )

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Invs ($ )

☐ : Weekend ($ )

Survey Fee:

Transportation: ___S + RS___SI

Photos

Others

TOTAL