(06/17) Snty

ASS. REC. BY: PRS

REF: CS3/LPC22010190/Sny3 -1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Garage 13

of _____

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: 27K ~~$ 13K~~

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: SKA 4862 S Yr Regn: 16 may 2013

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

Make: BMW 316i c.c 1598

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

Sp.Reading 105022 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: WBA3A12050J7 20401

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: 225/45/18

R: 225/45/18

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.	13/10/22	D.O.I.	14/10/22

Survey held at garage 13

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	
	Total loss.	Balance: 7m yearly: 23K mv: 13416 IVV: 2938
23/02/23	submit ps / uneconomical total loss	
	est Repair $12K - 13K	mv: $27k lta: $17276 nv: $9724 final fig: $29579.53
~~11/11/22~~	~~submit prs~~	balance: 7m yearly:23k mv: 27k nv: 9732k

Date/Time, File Pass to? 1) ~~11/11/22~~

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation: ___$ + RS.___SI	
Photos	
Others	
TOTAL	