

ASS. NO. BY:

REF:

CC3/LPC22006473/Acp3-2

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

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

To Insured 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.

N/S	O/S

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: GBD 9974K Yr Regn: 2015, April

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

Truck / Trailer or

Make: Mit Gater C.C. 2998

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

Sp. Reading: 194742 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEA01BA10058

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15C

R: 195 R15C

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

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 12/06/23

Survey held at H.C. Auto

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

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

Date / Time	Action / Instruction
	TP Lon Pac Reinspection
13/7/23	Submit LS \$8600f; 10 days (Red 8120f, 48%)
	MV: _____
	PV: _____
	Nett: _____

COE Expiry: _____

Estimate given during: Yes ()
1st Survey: No ()

Date/Time, File Pass to?

☐ : Prel. Report
☒ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: _____

1) _____
Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS. SI

Photos

Others

Report Format: TR

Amount: \$8600f