

ASS. REF: CS 31 LPC 23001055 / Tnp3

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ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop/s _____

of _____

Insured: _____

Policy No. _____

Claims No. 23/23/23/VP05/026905

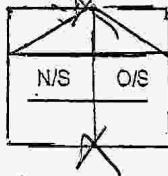
Sum Insured: _____ Excess: _____

(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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLB9461R Yr Regn: 1Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 C.C. _____Colour: Red A/C: Insured / Std / NI / NASp. Reading: 100364 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BM4478 G0341667Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperable / Jammed / Leaked / Burnt or

Brake: Inoperable / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mm

D.O.A.

D.O.I.

Survey held at

Des. of Damages FR / Rear / O/S / N/S / W/O / Rooftop or

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

Date / Time	Action / Instruction
	<u>NO G117</u>
	<u>30/03/23 submit prs</u>

Date/Time, File Pass to?

1) 30/03/23

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.F. (\$) _____

☐ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL