

ASS. REC. BY: Tauyht

REF: 63/LPC 23066604 (T9P3)

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: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: GB562465 Yr Regn: 2019, June
Type: M.Car / M.Cycle / Bus / Van / Copy / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Kia K2500 c.c. 2497
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 113573 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KWC SJX76LK 7576316
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Mod: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 195/R15
R: 185/R12
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.
Bal. or Market Value: \$58K
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seent: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sumt: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS W PPS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Front: 6 mm Rear: 6/6 mm
R/Bal. 6 mm L/Bal. 6/6 mm
D.O.A. _____ D.O.I. 21/7/23 012pm
Survey held at Gree Song
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

Date/Time, File Pass to? ☐ : Prell. Report
1) ☐ : Final Report

Date/Time, File Return to?
2) _____

Rep. Formak: _____
Lump Sum / L.B.P. (f) _____

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS _____ \$
Photos _____
Others _____
TOTAL _____