REF: MSIG

PRS

ASSIGNMENT

From: Date: 19/12/18

Estimated Cost:

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

To Inspect Vehicle No: SLF 4971 Y

at Workshop m/s Team Autopro

of No 8 Kaki Bukit Ave 4 #06-21

Insured: premier

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Frederick @ 9674 6635

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLF 4971Y Yr Regn: 26/4/2010

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

Make: LEXUS IS 250 C C.C 2500

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

Sp.Reading 125479 T/Radio: Insured / Std / NI / NA

Eng/No: 4GR0628855

C/No: JTHFK25270250 9872

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: 225/45R17

R: 225/45R17

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.	1/12/18	D.O.I.	19/12/18

Survey held at Team Auto Pro

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
	Range : 7000/2 - 8000/2
	27/12/2018

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL

Report Format : PRS

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