REF: CTI

PRS

ASSIGNMENT

From: Date: 25/01/2019

Estimated Cost:

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

To Inspect Vehicle No: JRJ 143

at Workshop m/s: MS Auto

of: 8 kaki Bkt Ave 4 #01-07 premier

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / up1

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: JRJ 143 Yr Regn: 7/2/2016

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

Make: KAWASAKI c.c 249

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

Sp.Reading: 41678 T/Radio: Insured / Std / NI / NA

Eng/No: EX250LEAA9978

C/No: JKAER250CCDA27450

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: 120/70ZR17

R: 160/60ZR17

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	16/1/19	D.O.I.	25/1/19

Survey held at: MS Auto

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 1,500/2 - 2,000/2

26/4/2019

Tolin Lee
25/2/19

Date/Time, File Pass to?
1)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: -

Survey Fee: 150

Transportation:

Date/Time, File Return to?
2)

Add Fee: ☐ Site Insp ($) S + RS SI
☐ Interview ($) Photos
☐ Tech. Invs ($) Others
☐ Weekend ($)

Report Format: PRS

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

TOTAL 150