

REF: MSIG

PRS

ASSIGNMENT

From:

Date: 19/12/18

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

SLF 4971Y

at Workshop m/s

Team Autopro

of

No 8 kaki Bukit Ave 4 #06-21

Insured:

Premier

Policy No:

Claims No:

Sum Insured:

Excess:

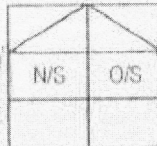
(Client's Record)

Make of Veh:

Frederick@ 9674 6635

(Policy Condition)

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:

5

days

Res.:

Yes or No

Lump Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS ^{1 up}

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLF 4971Y

Yr Regn:

2E/A/2000

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

Truck / Trailer or

Make:

Lexus IS 250C

C.C.

2500

Colour:

WHITE

A/C

Insured / Std / NI / NA

Sp. Reading:

125479

T/Radio:

Insured / Std / NI / NA

Eng/No:

4GR0628845

C/No:

JTHTR252702502872

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:

12/12/18

Survey held at

Team Autopro

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 700/2 - 800/2

[Signature]
27/12/2018

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

) :

TOTAL

Report Format :

PRQ

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)