

PRS
Cul.

REF: IV

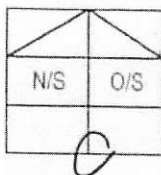
5750A

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Eng shing Mechanical
 of _____
 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.



Bal. or Market Value: \$24K
 IDAC Accident Rpt.: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKC9660P Yr Regn: 07Jul/2008 (2023)
 Type: ☒ M. Car / ☐ M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota U6S C.C. 1497
 Colour: Black A/C: _____ Insured / Std / NI / NA
 Sp. Reading: 243291 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR053HY930 50 69339
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Modi: Nil / ☒ SRim / STD A/Rim or
 Tyre Size: F: 205/45R17 CH BS
R: 205/45R17 - kapsen CH Green Max
 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. _____ D.O.I. 11-07-19
 Survey held at W/S 12:15pm
 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 _____

\$500 - \$6000
COB: 14812
12/7/2019

RECEIVED 24 JUL 2019

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

G + RS \$

Photos

Others

TOTAL

120
11
131

Report Format: PRE.

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

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