

Bureau Steve

REF: MS14

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/c

of

Insured

Policy No

Claims No

Sum Insured:

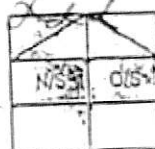
(Client's Record)

Make of Vels.

Excess:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days Res.: Yes or No

Lum Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: YQ 1030X

Yr Regn: 24/6/19

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

Truck / Tractor or

Make: 18024 NPR85

c.c 2999

Colour

White

A/C: Insured / Std / Nil / NA

Sp. Reading

35/99

T/Radio: Insured / Std / Nil / NA

Eng/No

CiNo.

J AANPR85HJ7100659

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

205/85R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

2/3/20

D.O.I.

5/3/20

Survey held at

Car Port 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

MV-80K

PRS

P/P 4325.65, Red: 1858.08 34%

RECEIVED

Date/Time, File Pass to?

☐

: Prel. Report

1) B/L/Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

120

Transportation:

5 + RS. 5

PRR

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Weekend (\$

Report Format:

PRS

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

TOTAL

141