

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Hiap Lek Auto

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.

☒	☐
N/S	O/S
☐	☐

Bal. or Market Value: \$19k

IDAC Accident Rpt: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJM 3829U

Yr Regn: 30 Dec 2008

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

Truck / Trailer or

Make: Nissan Latio 1.5 c.c. 1498

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

Sp. Reading: 180404 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1BAAC11Z0020751

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ SRim / STD A/Rim or

Tyre Size: F: 185/65R15

R: . . .

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. D.O.I. 06/05/2020

Survey held at W/S 3pm

Des. of Damages: Frt / Rear / O/S / ☒ N/S / U/C / Rooftop orThe ☒ U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

COE: 10043

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

12/5/2020-TYPIST

Report Filed: DAR

Long Form / UPB

Days Of Repair: 5

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL