

Signature Stere
PRS

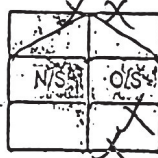
REF: CS3/AWA2000SS74/Evf3

ASSIGNMENT

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBB 8129B Yr Regn: 30/7/07
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Bajaj Pulsar C.C. 178
Colour: Red AC: Insured / Std / NI / NA
Sp. Reading: 99999 T/Radio: Insured / Std / NI / NA

Eng/No: _____
ChNo: M020HDJZZ NCH 61419

Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 60/70-17
R: 70/80-17

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

Front: _____ Rear: _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 24/4/20 D.O.I. 6/5/20

Survey held at Equator Brotherhood
Des. of Damages Frnt 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-2K

Date/Time, File Pass to?

☐ : Proll. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) 14/5/2020-TYPIST

Days Of Repair: 4

Resurvey No. of Trip: _____

Report Format : PRS

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

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech Insp (\$)

☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

) S + RS, SI

) None

) Others _____

TOTAL