

Signature

Steve

REF:

CS3/CT12090SS75/Es f 3

PRS

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.

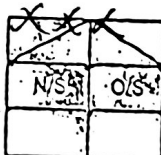
Sum Insured:

(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

Date / Time

Action / Instruction

MV-47K

Repair range (7.8K)
4 repair days

Veh No:

SML 5265C

Yr Regn:

6/12/11

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

Truck / Traller or

Make:

Lexus RX 270

c.c 2672

Colour

White

AC:

Insured / Std / NI / NA

Sp. Reading

229383

T/Radlo: Insured / Std / NI / NA

Eng/No:

C/No:

JTJZA 11 A402418029

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/60 R18

R:

11

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.

26/3/20

D.O.I.

6/5/20

Survey held at

Prestige Auto

Pos. 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, File Plss to?

☐

: Provl. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

: \$ + RS. \$

: 12.00

: Others

: TOTAL

TOTAL

Report Format :

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