Surveyor Steve | REF: CS3/CT1209055 75/Esf3

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: 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:

IDAC Accident Rport: 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: SML 5265C Yr Regn: 6/12/11

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

Make: Lexus RX 270 c.c 2672

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

Sp.Reading 229383 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTJZA11A402418029

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/60 R18

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.	26/3/20	D.O.I.	6/5/20

Survey held at Prestige Auto

Dos. 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 - 47K Repair range (7,8K)
	4 repair days

Date/Time, File Pass to?

1) : Proll. Report

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

($ + RS $ SI)

(Parking)

(Others)

TOTAL