ASS. REC. BY: Steve | REF: CS3/CT12200 8358/Evf3

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKZ 49T Yr Regn: /2015

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

Make: Porsche c.c 1984

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

Sp.Reading: 72249 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WP1ZZZ95ZFLB12872

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/35ZR21

R: 315/30ZR21

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	11/8/20	D.O.I.	13/8/20

Survey held at Precise Auto

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear RH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	No GIA report

Date/Time, File Pass to? 1) : Prell. Report : Final Report

Date/Time, File Return to? 2) 17/8/20-Typist

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: : Site Insp ($) : Interview ($) : Tech. Invs ($) : Weekend ($)

Report Format : PRS

Lump Sum / LEJ: ( )

Survey Fee:

Transportation: S + RS S

Photos

Others

TOTAL