

ASS. REC. BY:

Ster

REF:

CS3/ASM 2000 8432/EFf3

ASSIGNMENT

PRS

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:

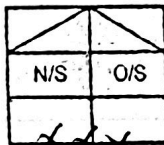
Excess:

(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:

SKG 7311P

Yr Regn:

28/8/12

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

Truck / Trailer or

Make:

Volksvagen Scirocco

c.c

1390

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

302631

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WVW222 13ZCV 038694

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: NII / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

235/402R 18

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.

19/8/20

D.O.I.

14/8/20

Survey held at

Garage 13

Des. 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

MR-3SK

SUBMIT PRS REPORT

REPAIR RANGE 4K - 5K

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / U.C. /

Days Of Repair:

5

Resurvey No. of Trlp:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL