

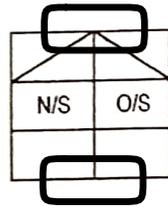
PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD: TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: SUNDAY PLUS
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SDB 8817A Yr Regn: — / —
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: AUDI A4 1.8 c.c. 1.8
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 127706 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAUZZZ8K1CA059514 *
 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 _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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



Tyre Size: F: 225/50R17
 R: 225/50R17
 BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	18-08-2020

 Survey held at W/S 4:30pm
 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
	<input checked="" type="checkbox"/> Yes / No BI Involved
	GIA give later

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) _____
 Report Filed?
 Long Copy / MPB?

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

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	