

ASS. REC. BY: H. ANNREF: LPC

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

5

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 2932E

Yr Regn:

14/05/2017

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

Truck / Trailer or

Make:

H. JAZZ

c.c

1318

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

16435km

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JHM GK 3850 KS 214 464

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

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

Tyre Size:

F:

175/65/R15

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

3/2/20

D.O.I.

7/2/20

Survey held at

Orion Antenna - 0246PM

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

LPC → Noting required

* SML 2932E
DO PRS case

10/09/20 Submit LS \$2500, 5 days (Red \$940, 27%)

RECEIVED 10 FEB 2020

MV - 57000

PV - 34996

NV - 22000

Date/Time, File Pass to?

10/09

☐

Preli. Report

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Misc. end (\$

Survey Fee:

120

Transportation:

3 + PRS St

Photos

Others

TOTAL

120

Report Format:

TP

Lump Sum

2500