

ASS. REC. BY:

Steve

CS3

REF:

CS/11120009333/Eqf3

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:

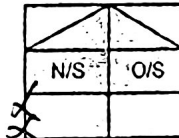
Excess:

(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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLJ 83222

Yr Regn:

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

Truck / Traller or

Make:

Toyota Altis

C.C.

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

264376

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR 053REH19455535

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55 R16

R:

11

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.

2/9/20

D.O.I.

3/9/20

Survey held at

RV Autoworks

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

Rear L/H

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

Date / Time

Action / Instruction

No GIA report

Submit PRS

Date/Time, File Pass to?

☐

: Prel. Report

04/09 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Form: MER-PRS

Lump Sum / L.C.: