

ASS. REQ. BY: Steve

REF:

CS3/1112009410/Eqf3

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. _____

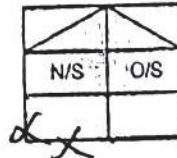
Sum Insured: _____ Excess: _____

(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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMN 5492C Yr Regn: 16/8/19

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

Truck / Tractor or

Make: Honda Fit C.C. 137

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

Sp. Reading: 020341 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK 33422546

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modl: Nil / ☒ S/Rlm / STD A/Rlm or

Tyre Size: F: 185/60R14

R: _____

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

Front R/Bal. 5 mm

Rear R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 1/9/20 D.O.I. 4/9/20

Survey held at Xin Yun 09.20pm

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

Rear LH

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MR-62K

DISMANTLE: 04/09/2020 3.40pm

Date/Time, File Pass to?

☐ : Prell. Report

07/09 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Formed: MER-PRS

Lump Sum / UIC: _____

Days Of Repair: _____

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL