ASS. REC. BY: Steve | REF: CS/CT1200099484/ETF3

PRS

ASSIGNMENT

28 Feb 2011

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: ____

Veh No: GBC 431 A Yr Regn: ____

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ____

Make: Nissan NV200 c.c 1461

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

Sp.Reading 151392 T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: JN1YBAM2[illegible]0003394

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: 175/60R14

R: 〃

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

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: ____

IDAC Accident Rport: ____ 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

	Front		Rear	
R/Bal.	4	mm	4	mm
L/Bal.	4	mm	4	mm
D.O.A.	2/9/20		D.O.I.	7/9/20

Survey held at W. S Motor

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
	Repair range 2K – 3K
	4 days

Date/Time, File Pass to? ____ ☐ : Prell. Report

1) ____ ☐ : Final Report

Date/Time, File Return to?

2) ____

Rep. Formed : ____

Lump Sum / L.P.I: (% ____)

Days Of Repair: ____

Resurvey No. of Trip: ____

Add Fee: ☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ : Tech. Invs ($ ____)

☐ : Weekend ($ ____)

Survey Fee:	
Transportation:	
___$ + RS. ___SI	
Photos	
Others	
TOTAL	