PES Filed By: GQ | REF: CS3/III20009658/Gtf3

# ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s SBS TRANSIT

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.

| 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SG 5420B Yr Regn: 17 Jan/2017

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

Make: VOLVO B9TL 9.4L c.c 9364

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

Sp.Reading 203337 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV3S4P92XHA180783 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5

R: 275/70R22.5

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. | 14-09-2020 |

Survey held at W/S 2pm

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

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

| Date / Time | Action / Instruction |
|---|---|
| | Estimate give later |
| | SUBMIT PRS REPORT |

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

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($ )

: Interview ($ )

: Tech. Invs ($ )

: Weekend ($ )

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL

Report Format:

Lump Sum / UPD: