

ASS. REC. BY: Steve REF: CS3 CS/11120009333/Eqf3-1

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. MCOM0015
 Claims No. MCT20080502
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLJ 8322Z Yr Regn: _____
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer 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 053REH10455535
 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

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 21/9/20 31/08/2020 D.O.I. 3/9/20
 Survey held at RV Autoworks

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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
	<u>No GIA report</u>
	<u>Submit PRS</u>
<u>28/09/20</u>	<u>Submit LS \$1000, 4 days (Red \$3300, 77%)</u>

Date/Time, File Pass to? : Prel. Report
28/09
 1) 04/09 Typist : Final Report
 Date/Time, File Return to?
 2) _____
 TP
 Rep. Formed: MER PRS
 Lump Sum Aff: 1000

Days Of Repair: 4
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Invs (\$))
 : Weekend (\$))

Survey Fee:	_____
Transportation:	_____
S + RS	_____
Photos	_____
Others	_____
TOTAL	_____