

ASS. REC. BY:

Steve

REF:

CS3/LPC 20009991/ESF3

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

OD / TP / WS / TP RCS / 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.

N/S	O/S

Bal. or Market Value:

DAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJT4425H

Yr Regn:

9/10/99

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

Truck / Trailer or

Make:

VolKswagen SC19000

c.c 1390

Colour:

White

A/C:

Insured / Std / NI / NA

Sp.Rending

135799

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW221329V026046

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:

205/45R18

R:

11

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

15/9/20

D.O.A.

2/10/20

Survey held at

Garage 13

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

MV-27K

Date/Time, File Pass to?

05/10/2020

1) TYPIST

Date/Time, File Return to?

2)

Pop. Format:

PRS

Lump Sum / L.B.C.



: Prel. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL