

ASS. REQ. BY:

Steve

REF:

CS3/CT120010097/Ey f3

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

OD ☒ TR / 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKM 14974

Yr Regn:

1/4/10

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

Truck / Trailer or

Make:

Mercedes Benz E250

c.c

1796

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

77885

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W00 2129472 A 18/160

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

225/50 ZR17

R:

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.

14/9/20

D.O.I.

18/9/20

Survey held at

Garage B

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

Rear RH, Front LH

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

Date / Time

Action / Instruction

MIV-69K

Repair range 12K-13K

: 12 repair days

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 28/09/20 TYPIST

Rep. Formed:

Lump Sum / L.B.I.:

PRS

Days Of Repair:

12

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL