ASS. REC. BY: Steve | REF: CS3/CTI20010468/Esd3

ASSIGNMENT

From: PRS 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:

(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: YP 6525H Yr Regn:

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

Make: Mitsubishi Canter c.c 2998

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

Sp.Reading 139279 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FE821DA20053

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15C

R:

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

Front		Rear	
R/Bal.	mm	R/Bal.	mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	26/9/20	D.O.I.	30/9/20

Survey held at HSY Engineering

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
	NO GIA report Repair range 15-16K
	14 repair days

Date/Time, File Pass to?
05/10/2020
1) TYPIST
Date/Time, File Return to?
2)

☐ : Prell. Report
☑ : Final Report

Days Of Repair: 14

Resurvey No. of Trip: -

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Report Format : PRS

Lump Sum / I.P.I. : ( )

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