ASS. Rec. BY: GQ | REF: CS3/AIG20010560/Gsd3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s ESL WORKSHOP

of

Insured:

Policy No.

Claims No.

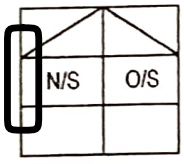
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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: GBH 9825L Yr Regn: 14 Nov/2018

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

Make: TOYOTA HIACE c.c 2982

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

Sp.Reading 81441 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P700246149 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: norder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15

R: 195R15

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.	02-10-2020

Survey held at W/S 11:30

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
	Yes/No BI Involved

Date/Time, File Pass to?
15/10/2020
1) TYPIST

Date/Time, File Return to?
2)

☐ : Preli. Report
☑ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

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

Survey Fee:
Transportation: ___$ + RS.___SI
Photos
Others
TOTAL

Prepared By: PRS

Lump Sum / UPD: %