ASS. REC. BY: Steve | REF: CS3/CTI20010795/Evd3

ASSIGNMENT

From: PRS Date:

Estimated Cost:

QD / RS / 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:

DAC Accident Rport: Consistent? : Yes or No

SIA / 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. SKX 1879M Yr Regn: 30/11/15

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

Make: Toyota Wish c.c 1798

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

Sp.Reading 99500 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTOG420W720093160

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: 195/65R15

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	6/10/20	D.O.I.	7/10/20

Survey held at A-Tec

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

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

Date / Time	Action / Instruction
	MV-61K Repair range 3K-4K. 4 repair days

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Date/Time, File Return to?

8/10/20-Typist

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

Report Formed : PRS

Pump Sum / L.P.I: /

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL