

ASS. REG. BY: Steve

REF: CS/ASM20019861/F3

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 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: SLO 7037K Yr Regn: 27/6/16
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: NISSAN X-Trail c.c. 1997
 Colour: Red A/C: Insured / Std / NI / N
 Sp. Reading: 54214 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: JNTJANTJ220M210
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Modl: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 215/65R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA (MIO) / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5
 L/Bal. 5 mm L/Bal. 5
 D.O.A. 6/10/20 D.O.I. 14/10/20
 Survey held at Garage 13 12.20pm
 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
	<u>MV-68K</u> <u>Repair range 4k-5k</u>
	<u>3 wks days</u>
	<u>RANGE \$4K - \$5K</u>

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Date/Time, File Return to?

22/10/20 TYPIST

Pop. Formed:

Lump Sum / L.E.B. /

PRS

Days Of Repair: 3

Resurvey No. of Trip: 3

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL