

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

Sum 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 / Nil /

Sp. Reading: 54214 T/Radio: Insured / Std / Nil /

Eng/No: _____

C/No: JNTJANTJ22002210

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: 215/65R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA (MIG) / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. S mm R/Bal. S

L/Bal. S mm L/Bal. S

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>Dismantle: 14.10.2020</u>
	<u>After Repair: 16.10.2020</u>
	<u>RANGE \$4K - \$5K</u>

Date/Time, File Pass to? : Prel. Report

: Final Report

Date/Time, File Return to?

22/10/20 TYPIST

Pop. Formed: _____

Emp. Sign / I.E.I. /

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 _____