

ASS. REC. BY:

Steve

REF:

CS3/ASM20011055/Evd3

PRS

ASSIGNMENT

From:

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.

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:

GDD 1158 C

Yr Regn:

25/6/14

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

Truck / Trailer or

Make:

Nissan Cabstar

c.c 2953

Colour:

Silk

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1SC2F 2420855868

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185 R15C

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

10/10/20

D.O.I.

13/10/20

Survey held at

Garage 13

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

FRONT O/S

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

Date / Time

Action / Instruction

MV-26K

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

15/10/20-Typist

Pop. Format: PRS

Lump Sum / L.E.D. /

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

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☐

: Tech. Invs

(\$

☐

: Weekend

(\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL