

ASS. REC. BY: Steve REF: CS3/CT/20011319/Eyf3

ASSIGNMENT

From: PRS Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
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: SMF 64542 Yr Regn: 20/11/18
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1496

Colour: Grey A/C: Insured / Std / Nil /

Sp. Reading: 43785 T/Radio: Insured / Std / Nil /

Eng/No: _____

C/No: JM6BN/22A8K025/997

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: 235/60R16

R: _____

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

Front

Rear

R/Bal. \$ mm

R/Bal. \$

L/Bal. \$ mm

L/Bal. \$

D.O.A. 14/10/20

D.O.I. 20/10/20

Survey held at M.S. Car

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

MV-77K

Repa range 1000 - 1500
2 repair days

RANGE \$1000 - \$1500 REPAIR 2 DAYS

Date/Time, File Pass to?

☐

: Prell. Report

()

☐

: Final Report

Date/Time, File Return to?

29/10/20 TYPIST

Pop. Form:

Lump Sum / L.E.B. PRS

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL