ASS. REC. BY: Steve | REF: CS3/LPC 20011905/Eyf3

ASSIGNMENT

PRS

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.

N/S	O/S

Bal. or Market Value:

DAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLX 8804B Yr Regn: /

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

Make: Mitsubishi Lancer c.c 1584

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

Sp.Reading 179064 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMBSTCSA9405538

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: 195/50R15

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	28/10/20	D.O.I.	2/11/20

Survey held at Nxpress Performance

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

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

Date / Time	Action / Instruction
	No GIA repl
	SUBMIT PRS

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

: Final Report

Date/Time, File Return to?

16/11/20 TYPIST

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Others

TOTAL

Forms :

Lump Sum / I.P.I: PRS