ASSIGNED BY: GQ | REF: CS3/MSG20011993/Gsd3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

OD / **TP** / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s SIN HOCK LEE MOTOR

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: $7000

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: GU 6753C Yr Regn: 11 May/2001

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

Make: ISUZU TFR69H c.c 3059

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

Sp.Reading: 521780 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JAATFR69H17100489 *

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

Modi : **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: 195R14

R: 195R14

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	05-11-2020	

Survey held at W/S 11am

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
	COE Rebate: $2333
	$3000 - $4000

Date/Time, File Pass to?
17/11/2020
1) TYPIST

Date/Time, File Return to?
2)

☐ : Preli. Report
☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: -

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

Report Faxed : PRS

Lump Sum / LEB :

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Other:	
TOTAL	