

ASS. REC. BY: Steve

REF

CS3/SMO 20012119/LSd3

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:

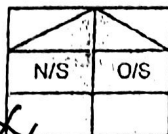
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Ball. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Turn Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No

SMJ 77652

Yr Regn:

20/3/19

Type

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

Truck / Trailer or

Make:

Nissan Dashqat

c.c

1997

Colour

Brown

A/C:

Insured / Std / NI / N

Sp.Reading

44792

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

STXIFBAJ1142420161

Gen. Cond

Good / Fair / Poor / Burnt

Steering:

Good / Jammed / Leaked / Burnt or

Brake:

Good / Jammed / Leaked / Burnt or

Mod:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/65R15

R:

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.

4/11/20

D.O.I.

5/11/20

Survey held at

Garage 13

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

N/S REAR

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

Date / Time

Action / Instruction

MV-98K

Repair range 2K-5K
3 repair days

Date/Time, File Pass to?

06/11/2020

TYPIST

Date/Time, File Return to?



: Prel. Report



: Final Report

Days Of Repair: 3

Resurvey No. of Trip: -

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Form:

PRS

Comp. Form / LE. Form