

612
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: _____

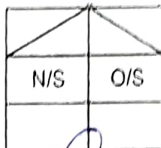
Excess: _____

(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

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No

VBK 5018

Regn.

2018

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

Truck / Trailer or

Make

Volkswagen Passat

1798

Colour

Black

A/C

Insured / Std / Nil / NA

Sp Reading

37073

T/Radio, Insured / Std / Nil / NA

Eng/No.

C/No.

PPV 22830 24 L 000372

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:

235/45 R18

R:

11

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

TOYO / YOKO or

General

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A. 2/12/20

D.O.I.

08-12-20

Survey held at

w/s

4:30pm

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

Police report give later.

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 4

Resurvey No. of Trip:

1)

☐

: Final Report

Date/Time, File Return to?

28/12/20-Typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Road Test (\$

Survey Fee:

Transportation:

3 + PS 81

Fuel:

Other:

DAR

Typist

Truck / Trailer or

Truck / Trailer or