CS3/LPC20013784/Gqd3

ASSIGNED BY: bl. | LPC

PRS

ASSIGNMENT

From | Date

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Everdawn Auto

of

Insured:

Policy No.

Claims No. 20/20/20/VC05/024001

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: $26K

IDAC 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: SJB5773 Reg'n: 25 Feb 2010

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or W6

Make: KIA Cerato Forte c.c 1591

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

Sp Reading 132132 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAFW 611MA5203927

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/45R17

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	15-12-20

Survey held at W/S 12:30pm

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
	006 : 13854
	$2000 – $3000.
	Submit PRS.

Date/Time, File Pass to? ☐ : Preli. Report

1) 22/12 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp. ($)

☐ : Weld Insp ($)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

Total

PRS