

GR.
PRS

ASSIGNMENT

From _____ Date _____
Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____
at Workshop m/s Prestige Auto
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: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. SH5421B or Regn: _____
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: Toyota wish c.c. 1798
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 65452 T/Radio: Insured / Std / NI / NA
Eng/No: _____

C/No: JTDAG20W50J005912
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 / Rim or

Tyre Size: F: 195/65R15
R: U

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

Front		Rear	
R/Bal. <u>6</u>	mm	R/Bal. <u>6</u>	mm
L/Bal. <u>6</u>	mm	L/Bal. <u>6</u>	mm
D.O.A. _____		D.O.I. <u>16-12-20</u>	

Survey held at w/s 5:30 pm

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 _____

No GIA Given
\$2000 - \$3000

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Reported by _____

Inspected by _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ Other (\$)

Survey Fee: _____

Transportation: _____

1) 3 + RS. SI

2) Flashes

3) Other