

bel.
PRS

C43/FLI 20014298/Gqd3

ASSIGNMENT

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s

Top 93

Insured:

Policy No.

Claims No:

Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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

al. or Market Value:

JAC Accident Rpt:

SA / PR Seen:

Est. Repairs:

um Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

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

Truck / Trailer or

Make

Colour

Sp Reading

Eng/No

C/No

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal

D.O.A.

Survey held at

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

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

Rear

R/Bal.

L/Bal

D.O.I.

28-12-20
11:20

rear o/s

Date / Time

Action / Instruction

ce 2 28261

Submit PRS

Date/Time, File Pass to?

☐

: Preli. Report

1) 29/12 11:20

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Test (\$

☐

Other (\$

Survey Fee:

Transportation:

Other (\$

Other (\$

Other (\$

PRS.