

CS3/GMO 20014748/GUqd3

ASSIGNMENT

Estimated Cost

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

Inspect Vehicle No.

Workshop m/s

Auto Bullox

sured

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.

Actual or Market Value:

JAC Accident Report

JIA / PR Seen:

Est. Repairs

Sum Sum:

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle: IN / OUT

Date / Time

Action / Instruction

Submit PRS.

Date/Time, File Pass to?

07/01 Typist

Date/Time, File Return to?

☐ : Preli. Report☐ : Final Report

PRS

Days Of Repair: 3

Resurvey No. of Trip:

Add'l Fee:

Site Insp: \$

Interview: \$

Survey Fee:

Transportation

JAC RS

Phone

Fax

Vehicle

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: Nil / 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.

Rear

R/Bal.

L/Bal

D.O.I.

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.

SUQ7175B

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20 Jul 2017

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