ASS. REC. BY: Steve | REF: CS3/III200087744/ESf3

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.

N/S O/S

Bal. or Market Value:

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: GBA 9193M — 03 Apr 2008

Yr Regn: /

Type (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Volkswagen Caddy c.c

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

Sp.Reading: 24195 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WV1ZZZ2KZ8X109783

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: In(order) / Jammed / Locked / Burnt or

Brake: In(order) / Jammed / Locked / Burnt or

Modl: Nil / S/Rim / ST(D A/R)im or

Tyre Size: F: 185/65R15

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	11/8/20	D.O.I.	20/8/20

Survey held at: Heng Motor

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 report We have review the survey report and market value are reasonable.
	S T
	submit lump sum 10,110 (Red 40: 0)
	4

Date/Time, File Pass to? 8

1)

Date/Time, File Return to?

2)

[ ] : Prell. Report

[ ] : Final Report

Days Of Repair: 8

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / LB.I: 15/20