

ASS. REC. BY: PRM  
PRS

REF: CS/CTI21000205/Rtd3

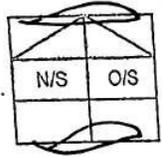
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**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SKP 6613C  
 at Workshop m/s TEC ANU SVS P/L  
 of 48, TDA GUAN RD EAST AOS-107  
 Insured: CTI  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SKP 6613C Yr Regn: 2014 / SEP  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: B.M.W 520I c.c. 1997  
 Colour: WHITE A/C: Insured / Std / NI / NA  
 Sp. Reading: 107803 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WBASA 32060D 789326  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Order / Jaimmed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / SRim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 245/35ZR20  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front R/Bal. 6 mm Rear R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 31/12/2020 D.O.I. 06/01/2021  
 Survey held at TEC ANU  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: 90K  
 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  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT



Date / Time	Action / Instruction
	ESTIMATE RANGE OF REPAIR / No. OF DAYS - 6K-7K / 10 days
	Repair limit - 30K
	submit PRS REPORT

Date/Time, File Pass to?  : Prel. Report  
 : Final Report

Days Of Repair: 10  
 Resurvey No. of Trip: \_\_\_\_\_

1) \_\_\_\_\_ Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Licenp Stam / I.B.F. (if \_\_\_\_\_)

Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_

Survey Fee:

Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____