

IV
ASSIGNMENT

31/05/2010

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s MW Brothers Auto

Insured:

Policy No:

Claims No:

Insured:

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

DAC: Accident Report

Consistent? Yes or No

SIA / PR Seen:

Consistent? Yes or No

Est. Repairs

5

days

Res: Yes or No

ump Sum:

%

3 Val: Yes or No

DA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Veh No

STX 3166R

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

Truck / Trailer or

Make

Audi A3 1.8T cc 1798

Colour

Black

Air: Insured / Std / NI / NA

Sp Reading

94796

T/Radio: Insured / Std / NI / NA

Eng/No

C/No:

TRU 8888p 7A 100 4423

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size

F:

R:

225/45 R17

BS / DUH / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal

6

mm

R/Bal

6

mm

L/Bal

6

mm

L/Bal

6

mm

D O A

D O A

Survey held at

w/s

18-01-21

4:30pm

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

GIA Give later
\$ 3000 - \$ 4000

Submit PRS.

Date/Time: File Pass to:

☐

Preli. Report

Days Of Repair:

5

19/01 Typist

☐

Final Report

Resurvey No. of Trip:

Date/Time: File Return to:

Add'l Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Photo: \$

☐

Other: \$

Survey Fee:

Transportation

Fuel: \$

Other:

Total:

MER-PRS