

ASS. REC. BY:

REF:

CS3/MSG 200/2866/Rtd3

5028

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SGN 8801Xat Workshop m/s HAN CARof 1001, BUILT MARCH LN 3Insured: MSH

Policy No. _____

Claims No. _____

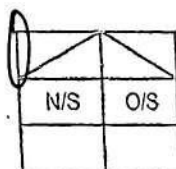
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 51K

IDAC Accident Rpt: _____ 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

Veh No: SGN 8801X Yr Regn: 2016 / JulyType: CAR / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: CITROEN C4 PICASSO 1.6c 1560Colour: Brown A/C: Insured / Std / Nil / NASp. Reading: 42616 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: VF 73ABH ZTH J 643185

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R15

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 07/11/2020Survey held at HAN CAR

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

N/S FR

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

Date / Time Action / Instruction

ESTIMATE REPAIR RANGE / No. of days - (2K-3K) / 4 days

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Prelt. ReportDays Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

Transportation: _____

☐ : Interview (\$ _____)

S + RS. SI

☐ : Tech. Invs (\$ _____)

Photos

☐ : Weekend (\$ _____)

Others

Report Format: _____

Lump Sum / L.B.H. (\$ _____)

TOTAL