CASE NO. B: Sun Pin | CS/CT/21000189 / Qtd3. | Nemae

CS3
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)

N/S	O/S

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

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: GBJ 2783J Yr Regn: 11/03/2019

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

Make: Toyota Hiace Van. c.c 2982.

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 58921 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: JTFHT02P6002462 69

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: 195 R 15C

R: 195 R 15C

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	11/01/2021	D.O.I.	19/02/2020

Survey held at J-lifty

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
	Submit PRS Report
	MV : 65,000
	PV : 19,720
	Nett : 45,280

Repair day 3 days

Repair Range.
$2,000 - $3,000

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Insp. ($

☐ : Weekend ($

Survey Fee:

Transportation

___S + PS___ $

Photos

Other.

Total