

ASS. REC. BY:

602
PRS

REF: CS3/111 20010073/CTF3

ASSIGNMENT

09 Sep 2015

From:

Date:

Estimated Cost:

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s Triple-T

Insured:

Policy No.

Claims No.

Sum Insured:

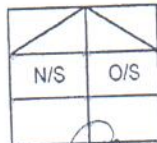
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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:

SKV2830L

Yr Regn:

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

Truck / Trailer or

Make:

Toyota Harrier 2.0 c.c. 1986

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading:

75619

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZSU600052118

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:

235/55 R18

R:

11

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

TOYO / YOKO or

Front

R/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

Rear

R/Bal.

6

mm

L/Bal.

6

mm

D.O.I.

30-11-20

Survey held at

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

\$2000 - \$3000

GIA give later

~~Submit PRS Report~~

lump sum \$2650, 4days
red: 2050;43%

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Mech. Insp (\$

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Other

Report Formed:

Lump Sum / RPT: