GQ

CS3/III20012710/Gtd3

6561.10
(5250)

PRS

ASSIGNMENT

From

Date

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s QAS AUTO

of

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.

N/S O/S

Bal. or Market Value: $55k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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: GBH 2821T Yr Regn: 04 Apr/2018

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

Make: TOYOTA HIACE c.c 2982

Colour White/Red A/C: Insured / Std / NI / NA

Sp.Reading 33310 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P100242131

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/R15

R: 195/R15

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.		D.O.I.	18-11-2020

Survey held at W/S 4pm

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

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

Date / Time	Action / Instruction
	$6000 - $7000
	LUMP SUM $5250, 6DAYS
	5650 (Red: 4050 : 71%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Travel Exp ($)

Survey Fee:	250
Transportation:	
___$ + RS.___SI	
Photos	
Other:	11
TOTAL	261

cancel PRS bill