6el
PRS

CS3/ CTi 21001674/Gvf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s RS 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: $45K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: GBD7490C 1st Regn: 16 Apr 2015

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

Make: Toyota Hiace c.c 2982

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

Sp Reading: 315073 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P400158273

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: 195R15

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / 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. 1/2/21 D.O.I. 08-02-21

Survey held at w/s 11AM

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

FA N/S

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

Date / Time	Action / Instruction
	$2000 - $3000
	CoE: 16074

Date/Time: File Pass to?

1)

Date/Time: File Return to?

9/2/21-Typist

PRS

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (S$

☐ Interview (S$

☐ Tech. Insp. (S$

☐

Survey Fee:

Transportation: