

ASS. REC. BY: Taufik

REF: CS3/LPL20013977/TIC f3.

ASSIGNMENT

WE 2077 Feb.

From: _____ Date: _____

Veh No: SGR 2532R Yr Regn: 2007 Feb

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspect Vehicle No: _____

Make: Nissan Presage c.c. 2788

at Workshop m/s _____

Colour: Blue AC: Insured / Std / NI / NA

of _____

Sp. Reading: 255819 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: JN17A943120005265

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

Tyre Size: F: 215/65R16

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

N/S	O/S
	X

R: 2 2

Bal. or Market Value: \$42K.

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

IDAC Accident Rpt: _____ Consistent? : Yes or No

TOYO / YOKO or

GIA / PR Seen: _____ Consistent? : Yes or No

Front R/Bal. 6 mm

Est. Repairs: _____ days Res.: Yes or No

L/Bal. 6 mm

Lum Sum: _____ % 3 Val.: Yes or No

D.O.A. _____ D.O.I. 17/12/20

CA / REV / REP. / 24 HRS

PRS

Survey held at Fix Auto

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Rear o/s

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

Date / Time	Action / Instruction
	SUBMIT PRS REPORT
	LUMP SUM \$3350, 6DAYS
	RED:1750;34%

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 6

1) _____
Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

Transportation:

Rep. Format: _____

☐ : Interview (\$ _____)

Photos

Lump Sum / L.B.J. /

☐ : Tech. Invs (\$ _____)

Others