

ASS. REC. BY: Steve REF: CS3/LPK 20011905/Eyf3

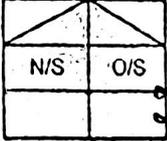
ASSIGNMENT

21/05/2009

From: PRS 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: _____

Veh No: SLX 8804B Yr Regn: _____
 Type: M.Car / M.Cyclo / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mitsubishi Lancer c.c. 1584
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 179064 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JMYSTCS A94205538
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / S/Rim / STD AVR/m or _____
 Tyre Size: F: 195/50R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 DAC Accident Report: _____ 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 28/10/20 D.O.I. 2/11/20
 Survey held at NXpress Performance
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Rear RH
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>No GIA report</u>
	SUBMIT LUM SUM \$2350, 6DAYS
	(RED: 1630; 40%)

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 6
 Resurvey No. of Trip: _____

Date/Time, File Return to?
16/11/20 TYPIST

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS: _____
 Photos: _____
 Other: _____
 TOTAL: _____

App. Formed: _____
 Lump Sum / UIC: _____ PRS