

ASS. REC. BY: Sun Pin.

REF:

CS3/LPC21002196/Gqf1***PRS.****ASSIGNMENT**

From: _____ 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. 20/21/21/VC05/024238

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: _____

IDAC Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKX 49967 Yr Regn: 1Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Volkswagen Tiguan C.C. _____Colour: Black. A/C: Insured / Std / NI / NASp. Reading: 60323 T/Radio: Insured / Std / NI / NAEng/No: -C/No: WV G2225NZGW036823Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A Rim orTyre Size: F: 255/40 ZR19R: 255/40 ZR19.BS: (DUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 08/02/2021Survey held at -Windsor CondoDes. 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

***No GZA, No Report yet.**

Submit PRS.

Date/Time, File Pass to?

☐ : Preli. Report

1) 02/02 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: PRS

Lump Sum / L.B.E. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL