

ASS. REC. BY: Paul

REF: CS3/CTI 21002354/R1#3

ASSIGNMENT

6TH. FEB 2011

From: _____ Date: _____

Veh No: PC 484G Yr Regn: _____

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: PC 484G

Make: _____ c.c. 6693

at Workshop m/s WESTPOINT TRANSIT

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

of NDS TRANS NVE 11

Sp. Reading: 652381 T/Radlo: Insured / Std / NI / NA

Insured: CTI

Eng/No: _____

Policy No. SNM21D200820/C02/THAMYL

C/No: LA6R1PSB6AB204243

Claims No. DMB1SNW00004402005

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: _____

Mod: M11 / S/Rim / STD A/Rim or

(Policy Condition)

2 pr

N/S	O/S

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

Tyre Size: F: 275/70R22-5

R: _____ D/O

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

TOYO / YOKO or CONTINENTAL

Bal. or Market Value: _____

Front Rear

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 8 mm R/Bal. 8/8 mm

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

L/Bal. 8 mm L/Bal. 8/8 mm

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

D.O.A. 06/02/21 D.O.I. 24/02/2021

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

Survey held at WESTPOINT

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	ESTIMATE REPAIR RANGE / NO. OF DAYS - (3K-4K) / 5 days
	SUBMIT PRS REPORT

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: 5

1) _____

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee:

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

Rep. Format: _____

Lump Sum / L.S.F. (% _____)

TOTAL