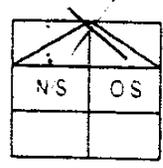


PRS  
Wilson REP CTL

ASSIGNMENT

Page \_\_\_\_\_ Date \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
CD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No - NIL - (Bicycle)  
 at Workshop in Holland Motos  
1 Kaler Bukt Ave 6 #22-24  
 Insured \_\_\_\_\_  
 Policy No \_\_\_\_\_  
 Claims No \_\_\_\_\_  
 Sum Insured \_\_\_\_\_ Excess \_\_\_\_\_  
 (Client's Record)  
 Make of Ven. \_\_\_\_\_  
 (Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value \_\_\_\_\_  
 IDAC Accident Report: Consistent? : Yes or No  
 BIA PR Seen Consistent? : Yes or No  
 Est Repairs. days Res: Yes or No  
 Lump Sum: % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS \_\_\_\_\_  
 Date \_\_\_\_\_ Person Contacted \_\_\_\_\_  
 Vehicle. IN / OUT \_\_\_\_\_



Veh No - NIL - Regn - NA -  
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or Bicycle  
 Make \_\_\_\_\_  
 Colour White / Black - Insured / Std / NI / NA  
 Sp. Reading - NA - T Ratio Insured / Std / NI / NA  
 Eng. No - NA -  
 C No - NIL -  
 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: 195 / 95 / 1522 x 62  
 R: 195 / 95 / 1522 x 62  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or BONTRAGER (F) / (R)  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R. Bal 3 mm R Bal 3 mm  
 L. Bal \_\_\_\_\_ mm L. Bal \_\_\_\_\_ mm  
 D.O.A. \_\_\_\_\_ DOI 15/1/2018  
 Survey held at Holland Motos @ 11.16am  
 Des. of Damages FR / Rear / O/S / N/S / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision

15/1/18 Have informed workshop to provide  
 1) Police Report / Accident Report  
 2) Receipt / Invoice during purchase of which stated Brand / Model, Year of purchase and purchase price

RECEIVED 15/1/2018

Date Time File Pass to:  : Preli. Report  
 06/03/2018  : Final Report  
 Date Time File Return to: \_\_\_\_\_  
 Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Survey Fee: 150  
 Add Fee:  Site Insp. \$  
 Interview \$  
 Tech. Ins. \$  
 Misc. Exp. \$  
 Report Format: PRS  
 Lump Sum / I.B.L. \$ \_\_\_\_\_