PRS

ASSIGNMENT

From.	Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s **MJE Motor**

of

Insured:

Policy No.

Claims No.

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value: **$24k**

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: **4** days   Res.: Yes or No

Lum Sum: **ne** %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **6Y 5288P**   Yr Regn: **10 May 2005** *(-2025)*

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

Truck / Trailer or

Make: **Toyota Dyna**   c.c **2986**

Colour: **Silver**   A/C: Insured / Std / NI / NA

Sp.Reading **57050 96**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **JTFUF34Y903010484**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **185R14**

R: **155R12**

BS / **DUN** / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal.	**6** mm	R/Bal.	**6** mm
L/Bal.	**6** mm	L/Bal.	**6** mm

D.O.A. **6/3/21**   D.O.I. **11-03-21**

Survey held at **W/S**   **3pm**

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

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

N/S	O/S

Date / Time	Action / Instruction
	Col i 100P
	$3000 - $4000

Date/Time. File Pass to? ☐ : Preli. Report   Days Of Repair: 4

1) _____   Resurvey No. of Trip: _____

Date/Time. File Return to? ☐ : Final Report

2) **12/3/21**-Typist

Add Fee: ☐ : Site Insp ($
☐ : Interview ($
☐ : Tech. Ins (
☐ : ...

Survey Fee:
Transportation:
..S + RS. $I
Photos
...

PRS