

ACC. REC. BY: Steve REF: CS3/CT121004313/EVf3

**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. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

|                |                |
|----------------|----------------|
| <del>N/S</del> | <del>O/S</del> |
| N/S            | O/S            |

(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value: \_\_\_\_\_  
DAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
SIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Cum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No SJH18819S Yr Regn: 27/8/08  
Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Honda Crossroad c.c. 1799  
Colour: Silver A/C: Insured / Std / NI / N  
Sp. Reading 189080 T/Radio: Insured / Std / NI / N  
Eng/No: \_\_\_\_\_  
C/No: RT11008188  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Modl: NII / S/Rim / STD A/Rim or  
Tyre Size: F: 215/65R16  
R: 11  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front Rear  
R/Bal. 4 mm R/Bal. 4 mm  
L/Bal. 4 mm L/Bal. 4 mm  
D.O.A. 1/4/21 D.O.I. 7/4/21  
Survey held at LYS Engineering  
Des. 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                    |
|-------------|-----------------------------------------|
|             | <u>MV-24K</u> <u>Repair range 6K-7K</u> |
|             | <u>5 repair days</u>                    |
|             |                                         |
|             |                                         |
|             |                                         |
|             |                                         |
|             |                                         |
|             |                                         |
|             |                                         |
|             |                                         |

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

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

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

|                 |  |
|-----------------|--|
| Survey Fee:     |  |
| Transportation: |  |
| S + RS, SI      |  |
| Photos          |  |
| Others          |  |
| TOTAL           |  |

Pop. Formed : \_\_\_\_\_  
Lump Sum / L.E.I. : \_\_\_\_\_