

A.S.S. REC. BY:

REF:

CS 3 / MSN 2 (004409) / TITC

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: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

956K

IDAC Accident Report: _____ 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: _____

SLA 9436. Yr Regn: 2016 Feb.

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

Truck / Trailer or _____

Make: _____

Toyota Sienta

c.c 1496

Colour: _____

white

A/C: Insured / Std / NI / NA

Sp. Reading _____

121891

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

NSP170700.3075

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / SRim / STD A/Rim or _____

Tyre Size: _____

F: _____

185/60R15

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____ mm

6

R/Bal. _____ mm

6

L/Bal. _____ mm

6

L/Bal. _____ mm

6

D.O.A. _____

D.O.I. _____

8/4/21

Survey held at _____

Gree Seng

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

Repair Range \$3000 - \$4000, 5 days.

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Form: _____

TP

Lump Sum / L.B.L. (\$) _____