ASS. REC. BY: Steve | CS3/CT12/104689/Eqf3

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: SLL 6111T

at Workshop m/s TRIPLE-T AUTOMOBILE

of ____

Insured: SFM 8844P

Policy No. DMPCSNW00058882000

Claims No. SNM21D202099/C02

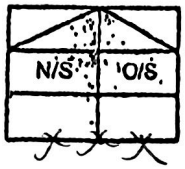
Sum Insured: ____ Excess: ____

(Client's Record)

Make of Veh: ____

(Policy Condition)

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



Bal. or Market Value: ____

IDAC Accident Rport: ____ Consistent? : Yes or No

SIA / PR Seen: ____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Sum Sum: ____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ____ Person Contacted: ____

Veh No: SLL 6111T Yr Regn: 19/1/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover / Truck / Trailer or ____

Make: Volkswagen Touareg c.c 3598

Colour Grey A/C: Insured / Std / NI / N

Sp.Reading 26038 T/Radio: Insured / Std / NI / N

Eng/No: ____

C/No: WVGZZZ7PZFD019458

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ____

Brake: Inorder / Jammed / Leaked / Burnt or ____

Modl: Nil / S/Rim / STD A/Rim or ____

Tyre Size: F: 255/55R18

R: ____

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	12/4/21	D.O.I.	14/4/21

Survey held at Triple-T

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

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	Repair range 3K - 4K
	3 repair days.
16/4/2021	Submit PRS.

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

16/4 TYPIST ☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: ____

Add Fee: ☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ : Tech. Invs ($ ____)

☐ : Weekend ($ ____)

Survey Fee: ____

Transportation: ____ $ x RS ____ SI

Photos ____

Others ____

TOTAL ____

Forms : PRS

Drop Sum / L.P.I: ____