ASS. REC. BY: Steve REF: CS3/AIG21004722/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:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: FBG 9549P Yr Regn:

Type: M.Car / (M.Cycle) / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Honda Wave c.c

Colour: Black A/C: Insured / Std / Nil / N

Sp.Reading: N/A T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

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: 70/80-17

R: 80/90-17

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

Front: R/Bal. 4 mm; L/Bal. mm

Rear: R/Bal. 4 mm; L/Bal. mm

D.O.A. 10/4/21 D.O.I. 14/4/21

Survey held at: Equator Brotherhood

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
	No GIA Report

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

[ ] : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: __S + RS, __SI

Photos

Others

TOTAL

Forward:

Lump Sum / L.P.J. :