

(08/11/13) wef  
ASS. REC. BY: Marcus

REF: CS<sup>3</sup>/SM021004853/4493

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SJB 8262D  
at Workshop m/s: TSA Transport  
of: 02-11  
Insured: GAC 23315  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: SJB 8262D Yr Regn: 24/11/08  
Type: Car / M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or CA  
Make: Toyota Corolla Axio c.c. 1496  
Colour: Gold A/C: Insured / Std / NI / NA  
Sp. Reading: 127774 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: NZE141 6053731  
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

(Policy Condition)  
Remark: The veh had commenced its  
repair at the time of inspection.  
Bal. or Market Value: \$13k  
IDAC Accident Rpt: Consistent? : Yes or No  
GIA / PR Seen: Consistent? : Yes or No  
Est. Repairs: 6 days Res.: Yes or No  
Lum Sum: 20 % 3 Val.: Yes or No

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Tyre Size: F: \_\_\_\_\_  
R: 185/70R14  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Westlake  
Front 6 mm Rear 6 mm  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. 15/4/21 D.O.I. 19/4/21  
Survey held at \_\_\_\_\_

CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: Rep Jlc. Vehicle: IN / OUT

Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or  
Other  
The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time    | Action / Instruction           |
|----------------|--------------------------------|
|                | <u>PRS completed 23-1-2023</u> |
|                | <u>LTA # 7565 NOT 5435</u>     |
|                | <u>bol 1yr. 9mth.</u>          |
| <u>26/4/21</u> | <u>4-5k. Submit PRS Report</u> |

Date/Time, File Pass to?  : Preli. Report  
1)  : Final Report  
Date/Time, File Return to?  
2) \_\_\_\_\_  
Report Format : TP-PRG  
Lump Sum / I.B.I. (\$) ---  
Days Of Repair: 6  
Resurvey No. of Trip: 2  
Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Add Fee:  : Site Insp (\$ )  
 : Interview (\$ )  
 : Tech. Invs (\$ )  
 : Weekend (\$ )  
TOTAL \_\_\_\_\_