ASS. P... By: Tanjuhi   REF: CS3/ASM 21005040/TitC.

ASSIGNMENT   CoE 2027 Oct.

From.		Date:		Veh No: SMH3353R. Yr Regn. 2007 Oct.

Estimated Cost:

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

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

To Inspect Vehicle No: _____   Truck / Trailer or

at Workshop m/s _____   Make: Honda Civic TypR R.0c 1998

of _____   Colour Blue   A/C: Insured / Std / NI / NA

Insured: _____   Sp.Reading 335601   T/Radio: Insured / Std / NI / NA

Policy No. _____   Eng/No: _____

Claims No. _____   C/No: FD21400116.

Sum Insured: ____ Excess: ____   Gen. Cond: Good / Fair / Poor / Burnt

(Client's Record)   Steering: Inorder / Jammed / Leaked / Burnt or

Make of Veh: _____   Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)   Tyre Size: F: 225/45R17

Remark: The veh had commenced its   R: _____

repair at the time of inspection.

	N/S	O/S

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

Bal. or Market Value: $78K.

Front				Rear		
R/Bal.	6	mm		R/Bal.	6	mm
L/Bal.	6.	mm		L/Bal.	6	mm

IDAC Accident Rport: ____ Consistent? : Yes or No

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

Est. Repairs: ____ days   Res.: Yes or No   D.O.A. ____   D.O.I. 22/4/21

Lum Sum: ____ %   3 Val.: Yes or No   Survey held at Garage 13.

CA / REV / REP. / 24 HRS   WP PRS'   Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

Vehicle: IN / OUT   Frt N/S.

Date: ____ Person Contacted: ____   The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Repair Range $3000-$4000, 5 days

SUBMIT PRS REPORT

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Date/Time, File Pass to?	☐ : Preli. Report	Days Of Repair:		Survey Fee:
1)	☐ : Final Report	Resurvey No. of Trip:		Transportation:
Date/Time, File Return to?				
2)		Add Fee: ☐ : Site Insp ($ ___)	S + RS.. SI	
		☐ : Interview ($)	Photos	
Report Format:		☐ : Tech. Insp (	Other	
Lump Sum / ...		☐ : ...		