ASS. REC. BY: Steve | REF: ~~CS3/LPC20009991/Eqf3~~

ASSIGNMENT

PRS CS3/LPC20009991/Eqf3-1

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. 20/20/20/VC00/023679

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:

DAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SJT4425H Yr Regn: 9/10/99

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

Make: Volkswagen Scirocco c.c 1390

Colour: White A/C: Insured / Std / NI / NA

Sp.Reading: 135799 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZ13Z9V026046

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 205/45R18

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.	15/9/20	D.O.I.	2/10/20

Survey held at Garage 13 9.20am

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

FRT O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MV-27K
03/05/21	Submit LS $3200, 4 days (Red $1300, 29%)

03/05 Date/Time, File Pass to? ~~05/10/2020~~

1) TYPIST

Date/Time, File Return to?

2)

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: ~~1~~

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format : ~~PRS~~ TP

Lump Sum ~~F.E.E.~~ : 3200